

Protein Core Facility

Columbia University College of Physicians & Surgeons 630 W. 168th St. Room 16-424

Mass Spectrometry Sample Submission Form

Name: _____ Date: _____

e-mail: _____

Account: _____ PI: _____

Protein Identification by Mass Spectrometry

Sample(s) [Include approx MW]:

Species of Origin: _____ Expected Protein? [Accession #] _____

Mass Determination of Intact Protein

Sample	MW	Conc	Buffer	SeMet

Please e-mail the sequence of the protein you are submitting for analysis to mag4@columbia.edu.