version 03/03/23

PH: (405) 744-6191 (405) 744-9327

OKLAHOMA STATE UNIVERSITY

Proteomics/Mass Spectrometry Core Facility

Proteomics/Mass Spectrometry Work Order

Name:				Department:			
Email:				Campus account #:			
Phone:				Principal Investigator:			
Date:							
Sample Descrip sample/set identifier ^a	# of	analysis desired ^b		amount volume ^c	purity, buffer, contaminants	other notes ^d	
(Please use continuation pages as necessary.) Notes: (a) Please note that your residual samples will be discarded after analysis, unless you make other arrangements. (b) "ID" = protein identification. "DE" = differential protein expression. All other analyses should be discussed with Dr. Hartson prior to sample preparation and submission. (c) E.g., "strong/medium/weak" x "Coomassie/silver" x "gel plug/gel band," or "est. solution conc." (d) Include species, and any other details or instructions that might increase the quality of our work. (e) Incomplete work orders will not be processed. ***********************************							
Analysis #: Date Received Date Complet Operator: cc: file customer		ample @ \$100 p s of 10 @ \$700 p s @ \$40 per hr hnical replicate ditional consuma	er set es @ \$10 each				