OKLAHOMA STATE UNIVERSITY
Recombinant DNA/Protein Resource Facility
LC-MS/MS Orbitrap Work Order

Name: _____   *Department:* _____

Email: _____   *Campus account #:* _____

Phone: _____   *Principal Investigator:* _____

Date: _____

Sample Descriptions:

sample/set identifier[a]	# of samples	analysis desired[b]	est. mass (kDa)	est. amount and 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 by trypsinolysis and LC-MS/MS. 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 database to be searched, species, pI, and any other details or instructions that might increase the quality of our work.
(e) Incomplete work orders will not be processed.

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DO NOT WRITE IN SHADED AREA

Analysis #: _____   ____ 1 sample @ $75 per sample   _____
                                      ____ sets of 10 @ $450 per set   _____
Date Received: _____   ____ sets of 46 @ $1500 per set   _____
Date Completed: _____   ____ hrs @ $40 per hr   _____
Operator: _____   ____ technical replicates @ $15 each _____
                                      additional consumables: _____
cc: file
*   customer*   *credit from previous MALDI invoice (_____)*
                                           ref. _____

                                      TOTAL DUE: _____

version 07/26/11