

PROTEOMASS Service Request Formwww.proteomass.org*Remit form and samples to:*

BIOSCOPE LAB 014/015

Department of Chemistry – Faculdade de Ciências e Tecnologia,

Universidade Nova de Lisboa

2829-516 Campus de Caparica, Portugal

Submission Id

Date Received

Date Completed

This are for facility use only

PI First Name: _____ Organization: _____

PI Last Name: _____ Department: _____

Submitted By: _____ Phone/E-mail: _____

First time customers please attach complete mailing and billing address**For best results and efficient service, contact the facility staff before you submit your samples!**

	Number of samples	Specify the purpose of the analysis
Proteomics & Bio-analytical Services		
A1. 1D-GE-SDS-PAGE		
A2. Off-gel IEF		
A3. Two-dimensional gel electrophoresis (2D-GE)		
A4. Gel imaging and spot picking		
B1. In-gel digestion + MS and MS/MS		
B2. In-solution Digestion + MS and MS/MS		
B3. MS and MS/MS		
B4. Purification & concentration of peptides (ZipTips)		
B5. RP Liquid Chromatography-MALDI-TOF/TOF		
B6. Liquid Chromatography DAD detection		
C1. Speed vacuum for sample concentration/ evaporation		
D1. 96 well plate assays / ELISA / protein quantification		
Molecular Spectroscopy and NANO services		
E1. NanoDrop 1000 spectrophotometer		
E2. NanoDrop 3300 spectrofluorimeter		
F1. UV-vis Studies		
F2. In-solution and solid-state emission studies		
G1. Nanoparticle preparation		
G2. Dynamic Light Scattering - DLS		

Please supply any further relevant information:
