



## SAMPLE SUBMISSION/ORDER FORM

Proteomics Unit, Viikki  
proteomics-unit@helsinki.fi

Date \_\_\_\_\_

### General terms and considerations:

- Material is free from biological, chemical and radiological hazard. Otherwise state the nature of the hazard.
- By delivering the order form to the Unit you agree that:
  1. Leftover sample is discarded after the analysis and all data is deleted after 1 year.
  2. Acknowledge the Unit's services in any resulting publication.

Name	
Group	
Institute/Company	
Phone	
Email	
Collaboration	If agreed with Dr. Varjosalo, please indicate here.
<b>Invoicing details</b>	Group leader / Principal investigator:  Reference number: WBS:
PI's signature	

### Sample information:

Tube/sample name	
Sample submitted as:	<input type="checkbox"/> solution, specify composition: <input type="checkbox"/> pellet <input type="checkbox"/> on-bead <input type="checkbox"/> gel, unstained / stained with: <input type="checkbox"/> gel band, stained with: <input type="checkbox"/> other:
Sample/Protein origin	
Volume	
Protein name (acc.nr)	
Amount (mol/ $\mu$ g)	
Protein/Peptide size	
GMO	<input type="checkbox"/> NO <input type="checkbox"/> YES if yes specify:

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**Experimental information / requirements:** Please check, and comment below if necessary

<input type="checkbox"/> Protein/Peptide identification	<input type="checkbox"/> Phosphoenrichment and (P)proteomics
<input type="checkbox"/> Interactomics: AP / BioID	<input type="checkbox"/> Bioinformatics, advanced data filtering and analysis
<input type="checkbox"/> Total proteome analysis	<input type="checkbox"/> other:

**Specifications for MS analysis:**

<input type="checkbox"/> technical replicates, please indicate how many:	<input type="checkbox"/> biological replicates
<input type="checkbox"/> data dependent acquisition	<input type="checkbox"/> data independent acquisition

**Additional information:**