

MS Sample Submission Form**Send sample to:**

Mass Spectrometry Facility, DBT-ILS, Bhubaneswar

Contact Details:

Phone- 91-674-2304233(D), 2300137 Ext: 233

Email- msfacility@ils.res.in**Facility User details**

PI Name: _____ **Organization:** _____
Address: _____
Phone: _____ **Fax:** _____
Email: _____ **Scholar name (If Any)** _____

Job Requested

Jobs requested (Please tick on the appropriate Place)

Tick Job type	Jobs Requested	No of Samples	Charges / sample (In INR)	Total Charges (In INR)
<input type="checkbox"/> A	Protein identification on HRMS for simple/purified samples (Orbitrap fusion Lumos direct injection) - (purified, Digested & desalted Samples)			
<input type="checkbox"/> B	Protein identification on HRMS for complex samples (Orbitrap fusion Lumos with neoUHPLC) - (Digested & desalted Samples)			
<input type="checkbox"/> C	Quantitative proteome analysis on HRMS for complex samples (excluding Labelling) (Orbitrap fusion Lumos with neoUHPLC) - (Digested & desalted Samples)			
<input type="checkbox"/> D	PTM identification by MS/MS on HRMS (Orbitrap fusion Lumos with neoUHPLC) - (PTM Enriched, Digested & desalted Samples)			
<input type="checkbox"/> E	Un-targeted metabolomics/lipidomics on HRMS (Orbitrap fusion Lumos with UHPLC) - (purified samples)			
<input type="checkbox"/> F	Targeted proteome analysis on LC-MS/MS per 60 min run (Triple Quadrupole with UHPLC) - (for Digested & desalted samples)			
<input type="checkbox"/> G	Additional charges for enzyme digestion and desalting for protein mixture sample if required.			
	Total instrument user charges			

We have prepared samples as per the guidelines provided by the DBT-ILS mass spectrometry facility and I hereby agree to pay above mentioned **total instrument user charges of Rs.** /- as **DBT-ILS user** / **Academic user** / **Non-Academic-Industry**. I also agree to acknowledge the mass spectrometry facility, DST-Institute of Life Sciences, Bhubaneswar in any publications using these data.

Date:

Principal Investigator / Customer signature**Payment details**

Mode of payment: DD/online transfer/via card/cash Please specify

Details: DD. No / Transaction ID/ UTR Date:.....

Bank and branch Name: IFSC code:

Any other information:

(@Samples will be processed after confirmation of the payment only)

Signature of the person who received the payment

(ILS Account dept./ Facility manager)

Date:

Sample details

(Please attach a separate sheet listing all information of the samples if you are submitting more than one sample)

No of samples: _____ Sample Name/ID(s): _____

Nature of samples: Protein/ peptides/ other (specify Sample form: Dry/ Solution / Gel (1D/ 2D CB stain) / other.....if solution, specify the composition: Storage condition: RT, 4°C, -20°C Hazards/toxicity (If any):Biological source: cell lysate/ tissue / serum / other)..... Organism (Species):**Other details:**Protein: Purified single protein / Mixture of proteins / Fusion protein / IP, Co-IP (desalting and buffer exchange is mandatory for all)**If solution**, Detergent used: Yes / No If yes, name of the detergent:De-salting and buffer exchange performed: Yes / No If yes, how? Specify:Solvent/buffer (composition): Est. concentration ($\mu\text{g}/\mu\text{l}$): Volume (μl):**If gel***, Expected mass (Da): Solvent/buffer: stain?: _____ Date of gel staining:**If dry****, Total amount (μg): Soluble in solvent:**Digestion:** Enzyme used: Chemicals used for reduction and alkylation, if any:

Please specify known or possible protein modifications:

Database to search (i.e., human, mouse, custom sequence*):****Analysis method:** ESI-HRMS/ (LC-MS/MS) / Others (specify)

Any other information:

*If the sample is a gel, please supply a gel image. **If samples are submitted dry, please name the solvent that the compound is soluble in.

***If custom sequence, please e-mail us the sequence in FASTA format. #Report will be sent by email only.

For official use only:**Sample Details:**

1. Request ID:
2. Date of submission:
3. Remark:

Signature of operator /Proteomics Facility Manager

Report Details:

4. Result/ Report File name:
5. Date of report send /email:
6. Remark:

Signature of operator /Proteomics Facility Manager

Remarks for each job: (If Necessary):

Details information for users:

*Instrument user charges (per sample/ run) for ILS Mass Spectrometry Facility (Excluding GST charges)				
Job type	Jobs Requested	BRIC-AI / ILS Users (In INR/ sample)	Academic (In INR/ sample)	Non-Academic/ Industry (In INR / sample)
A	Protein identification on HRMS for simple/purified samples (Orbitrap fusion Lumos direct injection) - (purified, Digested & desalted Samples)	2,500/-	5,000/-	8,000/-
B	Protein identification on HRMS for complex samples (Orbitrap fusion Lumos with neoUHPLC) - (Digested & desalted Samples)	3,000/-	6,000/-	10,000/-
C	Quantitative proteome analysis on HRMS for complex samples (excluding Labelling) (Orbitrap fusion Lumos with neoUHPLC) - (Digested & desalted Samples)	3,500/-	7,000/-	12,000/-
D	PTM identification by MS/MS on HRMS (Orbitrap fusion Lumos with neoUHPLC) - (PTM Enriched, Digested & desalted Samples)	7,500/-	15,000/-	20,000/-
E	Un-targeted metabolomics/lipidomics on HRMS (Orbitrap fusion Lumos with UHPLC) - (purified samples)	3,000/-	6,000/-	10,000/-
F	Targeted proteome analysis on LC-MS/MS per 60 min run (Triple Quadrupole with UHPLC) - (for Digested & desalted samples)	1,000/-	2,000/-	5,000/-
G	Additional charges for enzyme digestion and desalting for protein mixture sample if required.	2,000/-	4,000/-	8,000/-

Please contact for sample preparation guidelines and more details-

Mass spectrometry facility Manager: **Mr. R. Rajendra K. Reddy**

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