

REGIONAL CENTRE FOR BIOTECHNOLOGY
NCR Biotech Science Cluster
3rd Milestone, Faridabad-Gurgaon Expressway
Faridabad - 121 001 (Haryana)

CENTRAL INSTRUMENTATION FACILITY
5600 LCMS Triple ToF

_____ Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Tel/Mobile no _____ Email _____

User Category (Tick) (a) RCB _____ (b) Other Govt. Institutions _____

Sample information

Peptide mass finger Printing (PMF) / Small synthetic molecule / Metabolite / Intact mass analysis of Macromolecule / Quantitation(iTraq / SILAC / TMT / AQUA / Label Free)/PTM analysis/Mutation validation/Other (Please describe in separate sheet).

Complexity of Samples: 1D Digest/ 2D Digest/Pull Down/ whole cell digest/Ion exchange fractionation/if other please describe.

Column requirement:

Brief of the Experiment:

Enzyme used:

Number of Samples:

Stain used for visualization (if in gel digestion)

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of User

Signature of PI with Date

Signature

(Scientist –In-Charge/Approving Authority)

Signature of CIF Technical Assistant

Date of completion of experiment:

Remark:

Serial no.	Sample name/Code	Molecular wt.	Origin

NB: The data can be collected in CD/DVD only. No USB (Pen drive/Hard disk) will be allowed.