Date Ordered: ___________________ Phone #: __________ Fax #: __________

Requested By: ___________________ Authorized Signature:_________________________
Lab Room #: ___________________ Department: ________________________________
Investigator: ___________________ PI: ________________________________

<table>
<thead>
<tr>
<th>Sample Name</th>
<th>Amt (pmol)</th>
<th>Vol (µL)</th>
<th>Est. Mwt (if known)</th>
<th>Solution Composition</th>
<th>Detergents</th>
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Special handling: Temperature:_____________________________________________
Biological Hazard:_________________________________________________________
Radioactivity:_____________________________________________________________

Storage: RT ____ 4°C ____ -20°C ____

Please indicate the desired analysis:

I. MALDI-TOF Analysis
   ___ Peptide mass map (for protein ID or PTM)
   ___ Protein digestion from gel
   ___ Intact protein mass determination

II. ESI-MS Analysis
   ___ Intact protein mass determination
   ___ PTM analysis
   Details: ___________________________
   ___________________________

   ___ Pure or synthetic peptide mass determination
   ___ Peptide sequencing by MS/MS

Special Instructions (if any)________________________________________________________

PCTC Use Only
Log # _____________________; Data File # ___________ Total Cost: __________
Comments: __________________ Date Compltd: __________

Orders must be accompanied by a completed IDR (One IDR per month)
Please acknowledge PCTC core facility in manuscripts, when appropriate