

MALDI-TOF/TOF submission form**Customer Information:**

Contact Name: _____

Group: _____

Phone: _____

Address: _____

Fax: _____

E-mail: _____

Sample Information:

Sample name: _____

General sample description: _____

Sample format:**Solid :** ☐ 1D or 2D gel piece (Enclose a picture/scheme of your gel)☐ lyophilised**In solution sample:** ☐; Volume: _____

Solution composition*: _____

* For Protein MW determination, concentration should be in excess of 1.10^{-12} mol/ul (1.10^{-9} mol/ml). Salts and detergents should be minimized. Depending on sample purity and solution composition an additional cleaning process might be required.

Sample details:

Estimated amount: _____ (µg or Mol)	Organism: _____
Suspected modification (if any): _____	Estimated Mw: _____
Biohazard (if any, describe): _____	
Additional sample information (optional): _____ _____ _____	

If you wish to receive your result on a specific format or with additional information related to the main goal of your experiment, please describe it here: _____

Signature: _____

Date: _____