

Laboratoire de Spectrométrie de Masse Bio-Organique

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SAMPLE SENDING FORM

(To fulfill by the LSMBO)

Project manager: _____	Phone number: _____
	E-mail: _____
Project leader: _____	Phone number: _____
	E-mail: _____
Internal project identifier: _____	

SAMPLE DESCRIPTION (to be filled in by the sender)

Last name: _____	First name: _____	
Laboratory, institute, company: _____		
Number of vials: _____	Expedition date: _____	
Sample reference: _____		
<input type="checkbox"/> Gel	Type: <input type="checkbox"/> 1D <input type="checkbox"/> 2D Staining: <input type="checkbox"/> Blue <input type="checkbox"/> Silver	Number of spots/bands: <input type="checkbox"/> Fluorescent
<input type="checkbox"/> Liquid sample	Concentration: _____ Buffer: _____	
<input type="checkbox"/> Lyophilised sample	Amount: _____ To solubilize in: _____	
<input type="checkbox"/> Other:	_____	
Sample packaging (if shipped) :		
Conservation: <input type="checkbox"/> -80°C <input type="checkbox"/> -20°C <input type="checkbox"/> 4°C		
Biohazard : <input type="checkbox"/> no <input type="checkbox"/> yes : indicate the safety precautions to be taken : _____		
Comments and files attached :		

RESERVED FOR LSMBO

LSMBO reference: _____	
Delivery date: _____	By: _____
Control at reception: <input type="checkbox"/>	Storage location: _____
Remark: _____	