

National Institute of Plant Genome Research, New Delhi
INDENT FOR PROTEOMICS FACILITY (EXTERNAL USERS)

Name of the User:

Date of Indent:

Faculty/Scientist:

Name of Institute/University/Department:

Address of the Institute/University:

Email ID:

Contact No:

Service Code:

Sample Details

Number of Samples:

Organism (species):

Source of sample (Tissue/Organ/Organelle):

Nature of samples (Please tick): Protein

Peptide

Protein (Please tick): Pure protein

Mixture of proteins

Fusion protein

Sample complexity: 1D digest/ 2D digest/ Pull down

Protein quantity:

Bait protein ID: Antibody used for IP:

Solvent Used:

Gels stained with (Please tick): Coomassie

Silver

Enzyme used:

Chemicals used for reduction:

Chemicals used for alkylation:

Known and possible protein modifications:

Site of PTM (if known):

Sample Storage:

Sample details:

Sl No.	Sample ID	Molecular weight	Concentration

Other details (specify):

Analysis Requirement(s) (Please tick)

- Molecular weight confirmation / Accurate Mass determination
- Protein Identification (MS/MS)
- Peptide Mass Fingerprinting (PMF)
- PTM analysis (mention type of modification)
- Identification of Interacting partner

Pre-submission Checklist (Please tick)

- Please follow the Dos & Don'ts
- The stain used is compatible with mass spectrometry
- Photo of the stained gel attached
- The samples are free of particles or debris
- The samples are free of detergents or other chemical interferences
- Please indicate composition of solution (including any salts, etc.)
- High-abundance background proteins, such as RuBisco or antibody (Please tick): Depleted Not depleted

Undertaking

Please tick

- I understand that the Core Facility services are for research purposes only.
- I have read and understood the sample digestion guidelines provided by the facility and prepared the samples accordingly.
- I understand that the presence of high-abundance proteins (e.g. RuBisco) and/or protein reagents (e.g. antibody, protein A/G) in the sample will affect the results.
- I understand that limitations apply to the detection of post-translational modifications (PTMs), and I have indicated on this form all modifications that are relevant to this analysis.
- I/We shall not claim for any damage/harm to my samples submitted for the analysis by Facility's equipment.
- I/We shall give due acknowledgement of Proteomics Facility, NIPGR in publications as mentioned below and also inform the facility about the publications coming out of the work done at the facility. Proteomics Facility shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipment at this facility.
- I/We undertake to mention in any publication using data generated in the facility by stating in the Acknowledgment: Statement for Acknowledgement–

“We thank the Proteomics Facility, NIPGR funded by Department of Biotechnology, Government of India for protein identification and mass spectrometry analysis used in the manuscript”.

- I/ We take responsibility to pay user charges as per norms of facility/institute

(Signature of the User)

(Scientist/Faculty with Stamp)

User charges & mode of payment:

Deposit amount (including GST) Date..... Detail.....

(FOR EXTERNAL USE ONLY)

PAYMENT DETAILS

(Payment to be done in advance through NEFT/Demand Draft/Cheque)

Bank account information for funds transfer:

Account Name: Director, NIPGR

Account No.: 10596550290

Bank Name: State Bank of India, JNU Branch

IFSC Code: SBIN0001624

MICR Code: 110002056

GST No. _____

Total Amount Paid _____

Transaction Reference No. (NEFT) _____

Demand Draft/Cheque details (Number & Date) _____

Date of Transaction _____

Payment Receipt Required in Favour of _____

Name and Signature of the Payer _____

