

NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
New Delhi

INDENT FOR PROTEOMIC FACILITY (INTERNAL USERS)

Indent No......

Date

S.No.	Type of analysis	Service code (in price list)	Rate	Quantity	Amount
1					
2					
3					
4					

User Name:

Email:

Nature of Analysis:

Sample storage and solvent used.....

Head of expenditure NIPGR / Project..... Total.....

1. I/We undertake to abide by the safety and sample preparation guidelines and precautions
2. Proteomic Facility, NIPGR shall not take responsibility on the analysis, interpretation and publication of data
3. Certified that funds are available under the concerned head.

Indentor
(Name, Signature)

Indenting PI
(Name, Signature)

Proteomic Facility PI
(Name, Signature)

Total Rupees.....

VAT / Excise Duty (approx.) Rs.....

Total Expenditure..... Payment terms.....

Recommendation of the Standing Purchase Committee

Dr. Alok Krishna Sinha
Chairman

Dr. J. K. Thakur
Member

Dr. Ananda K. Sarkar
Member

Dr. Saloni Mathur
Member

Rakesh Mohan
Member

Rajinder Raina
Member

Recommendation of the Standing Purchase Committee is submitted for approval.

P.S.O.

COA

Director

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

Name of the User:

Date of Indent:

Faculty/Scientist:

Lab No.:

Email ID:

Contact No:

Service Code:

Sample Details

Number of Samples:

Organism (species):

Source of sample (Tissue/Organ/Organelle):

Nature of samples: Protein Peptide

Protein: 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: 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: Depleted Not depleted

Undertaking

- I understand that all 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)

(FOR INTERNAL USE ONLY)

Purchase Order No.:

(FOR FACILITY USE ONLY)

Indent No. :
Date received:
Tentative Date :
Date of work done :
Number of samples done :
Report generated on :

(Technical Staff)

(Facility In-charge)

Payment verification

Amount Received..... Date..... Mode.....

(Finance Assistant)

(Finance officer)

Date of receipt:

Temperature on receipt:

Cold/ice pack

Dry ice

Containers:

Intact

Broken

Comments:

Project No.:

Storage location on receipt:

Project leader:

Sample No. (No. range if more than one):
