

ESI peptide-mapping samples

Name of sample producer:*	
Phone:*	
E-mail:*	
Group/chair:*	
Date:*	

ID Number:	
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Required concentration: 0.1 – 0.2 mg/mL (min. 40µL sample in Eppi)

Sample received:	17.02.2022
Sample prep done:	18.02.2022
Sample measured:	

* This information must be filled in by the requestor

Nr.:	Sample Name*	Protein name, organism of origin*	Protein expressed in (organism)*	Position

* This information must be filled in by the requestor

