

## LC-ESI-MS full length protein samples

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

ID Number:	
------------	--

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

Sample received:	
Sample measured:	

**\* This information must be filled  
in by the requestor**

