





MALDI peptide fingerprint samples

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

Extras (no reducing step during preparation, possible tags/contaminants etc.):*

Samples can be dropped off to Bettina Richter on Tuesdays. (Contact: bettina.richter@tum.de)

Sample received:	
Sample prep done:	

^{*} This information must be filled in by the requestor





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

^{*} This information must be filled in by the requestor







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