National Institute of Plant Genome Research

Aruna Asaf Ali Marg, P.O. Box No. 10531, New Delhi – 110067.

Indent Form for Proteomics Facility (Internal Users)

Indent No…………….   **Date: ……………………..**

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

User Name: … ………………………………….   Email: ……………………………………………

Nature of Analysis: …………………………….

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 ofdata
3. Certified that funds are available under the concerned head.

Indentor (Name, Signature)	Indenting PI (Name, Signature)	Proteomic Facility PI (Name, Signature)

Rupees…………………………………………………………..

GST / Excise Duty (approx.) Rs………………………………………….

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

Recommendation of the Standing Purchase Committee

Dr. Manoj Majee Chairman	Dr. Saloni Mathur Member	Dr. Jyothilakshmi Vadassery Member
	Vineeta Sharma Member	Sudhir Patwal Member

Recommendation of the Standing Purchase Committee is submitted for approval.

P.S.O.   COA   Director

National Institute of Plant Genome Research

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Sample Submission Form for Proteomics Facility (Internal Users)

Name of the User: _____   **Date:** _____

Name of the Faculty/Scientist: _____

Lab No: _____ **Contact No:** _____

Email ID: _____

Service Code: _____

Sample Information

Organism (species): _____

Source of sample (Tissue/Organ/Organelle): _____

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

Protein: Pure protein ☐   Mixture of proteins ☐

Gels stained with: Coomassie ☐   Silver ☐

Chemicals used for reduction/ alkylation: _____

Enzyme used: _____

Number of Samples: _____

Analysis Required (Please tick):

Protein Identification/ Peptide Mass Fingerprinting (PMF)/ Quantitation (iTraq / SILAC / TMT / AQUA / Label Free)/ PTM analysis/ Molecular weight confirmation.

For PTM analysis:

Known and possible protein modifications: _____

Site of PTM (if known): _____

Additional information, if any:

_____
_____
_____
_____
_____

Sample details (Please fill all the required sections):

SN	Sample Name/Code	Molecular weight	Concentration

*For more number of samples, please attach an extra sheet in similar format.

Pre-submission Checklist: (Please tick)

☐ 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.

☐ High-abundant proteins, such as RuBisco: Depleted ☐ Not depleted ☐

Please indicate composition of solution (including any salts, etc.): _____

Undertaking

1. I understand that all Core Facility services are for research purposes only.
2. I have read and understood the sample digestion guidelines provided by the facility and prepared the samples accordingly.
3. 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.
4. 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.
5. I/We shall not claim for any damage/harm to my samples submitted for the analysis by Facility's equipment.
6. 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.
7. 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".
8. I/ We take responsibility to pay user charges as per norms of facility/institute.

(Signature of the User)   **(Signature of the Scientist with Stamp)**

(FOR INTERNAL USE ONLY)

Purchase Order No: