ANALYTICAL REQUEST FORM

Lipidomics Shared Resource: Analytical Unit
Medical University of South Carolina
173 Ashley Ave. Room CRI-505C
Charleston, S.C. 29425

Office: (843) 792-2495
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PI Name: **Requested By:**

PI Email: **Email:**

Signature: **Phone#:**

Project Grant #:   **Date:**

SPECIFY LIPID ANALYSIS:

1. Sph/S1P/Cer
2. dhCer
3. Hexosyl-Cer
4. Lactosyl-Cer
5. SM
6. DAG

7. α-OH-Cers
8. Cer-1P
9. PhytoSph/PhytoCer
10. α-OH-PhytoCer
11. 17CSph/S1P/Cer
12. dh17CSph/S1P/Cer

13. Glu/Gal-Cer by SFC
14. Cer-Analogs:
15. Special Request:

SPECIFY DATA NORMALIZATION METHOD:
(Answer required. Samples will not be processed if left blank.)

No normalization needed or already have data: ****Save aliquot for Phosphate determination: Yes   No**

*Cell Phosphate determination: Yes   No   ****Performed by Lipidomics Core for an additional charge.***

*Tissue Protein determination: Yes   No   *****For MUSC client pick up and determination.***

EXPERIMENTAL DESCRIPTION, DESIGN & SAMPLE ID(s)

Cell Line: _____	# of Samples: _____	App. # of Cells: _____
Media: _____	# of Samples: _____	Volume [**mL**]: _____
Tissue: _____	# of Samples: _____	Protein [**mg**]: _____
Other: _____	# of Samples: _____	Amount [**unit**]: _____

Consecutively label tubes (1 - ∞) along with any additional info needed.
Please provide samples in 15mL conical tubes for all cell, tissue homogenate, or other solid matrices.
Provide samples in 8mL glass tubes, if possible, or 15mL conical tubes for media, plasma, blood, or other liquids.

Date Received: Samples Analyzed: Data Sent: