

ANALYTICAL REQUEST FORM

Lipidomics Core
Medical University of South Carolina
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Charleston, SC 29425

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PI Name:

Requested By:

PI Signature:

Phone #:

Project Grant #:

Email:

Date:

SPECIFY LIPID ANALYSIS

- | | | |
|----------------------|---------------------------|----------------------|
| 1. Sph/S1P/Cer | 6. PhytoSph/PhytoCer | 11. 17CSph/Cer |
| 2. dhCer | 7. α -OH-PhytoCers | 12. dh17CSph/Cer |
| 3. α -OH-Cers | 8. Glu/Gal-Cer | 13. Cer-Analogs: |
| 4. DAG | 9. Lactosyl-Cers | 14. Special Request: |
| 5. SM | 10. Cer1P | |

*Cell Phosphate determination: ___ Yes ___ No Save aliquot for Pi determination: Yes / No

*Tissue Protein determination: ___ Yes ___ No ***Performed by Lipidomics Core at additional charge.**

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]: _____

Date Received:

Sample Prep Date: