

Request Form: OSR user
Proteomics and Metabolomics Facility: ProMeFa

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User information:

Name:.....Phone:.....email:.....

Lab.:.....Division:.....Internal order/Grant ID:.....

Signature of Group leader:.....

Requested analysis:

- | | | |
|--|---|--------------------------|
| Sample preparation | Metabolites extraction from tissues/cells | <input type="checkbox"/> |
| | Biofluids | <input type="checkbox"/> |
| NMR experiments | 1D ¹ H NMR experiments | <input type="checkbox"/> |
| | 2D NMR experiments | <input type="checkbox"/> |
| Multivariate statistical analysis | | <input type="checkbox"/> |
| Targeted analysis and semi quantification using Chenomx 8.4 | | <input type="checkbox"/> |
| Pathway analysis/biological relevance | | <input type="checkbox"/> |
| Unknown metabolites identification | | <input type="checkbox"/> |
| Stable isotope Resolved Metabolomics (SIRM) (fluxomics) | | <input type="checkbox"/> |

Sample information:

Sample name or ID number:

Type of samples (tissue, cells, etc.):

Quantity of single sample (number of cells, weight of tissue or volume):

Total number of samples to analyze:

Organism or Source of biological samples:

Date of collection:

Method of collection:

Storage:

FACILITY USE ONLY:

Request number NMR n° XX yy/mm/dd

Date of receipt:

Analysis Performed:

N° of samples analysed:

Cost (€):