

LSR ANALYTICAL REQUEST FORM

Lipidomics Shared Resource: Analytical Unit
Medical University of South Carolina
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PI Name:

Requested By:

PI Email:

Email:

Signature:

Phone#:

Project # PO #:

Date:

SPECIFY LIPID ANALYSIS or ANALYSES:

- | | | |
|-----------------|---------------------------|--|
| 1. Sph/S1P/Cer | 7. α -OH-Cers | 13. Glu/Gal-Cer by SFC |
| 2. dhCer | 8. Cer-1P | 14. 1-Deoxy-Sph/Cer |
| 3. Hexosyl-Cer | 9. PhytoSph/PhytoCer | 15. 1-Deoxy-dhCer |
| 4. Lactosyl-Cer | 10. α -OH-PhytoCer | 16. Free Fatty Acids (requires a separate set of samples) |
| 5. SM | 11. 17CSph/S1P/Cer | 17. Special Request: |
| 6. DAG | 12. dh17CSph/S1P/Cer | |

SPECIFY DATA NORMALIZATION METHOD:

(Answer required. Samples will not be processed if left blank.)

No data normalization needed, already have data or method:

Cell Phosphate determination (Performed by LSR for non-MUSC clients at an additional charge): Yes No

Save aliquot for Phosphate determination (For MUSC clients pick-up and own determination): Yes No

SAMPLE TYPE, 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.

Provide samples in 15mL conical polypropylene centrifuge tubes that are organic solvent and -80°C safe.

Each sample type (Cells, Media, Tissue, Other) needs its own request form and batch.

<https://www.hollingscancercenter.org/research/shared-resources/lipidomics/index.html>

Date Received:

Data Invoiced:

Data Sent: