



Proteomics and Metabolomics (PROMET) Facility
 Advanced Biotechnology and Breeding Centre (ABBC),
 Malaysian Palm Oil Board (MPOB),
 No. 6, Persiaran Institusi Bandar Baru Bangi,
 43000 Kajang, Selangor
 Tel: 03-87693979 Fax: 03-89261995

For external user only

Instrument	GC/Q-TOF MS
Model	Agilent 7200B
Service No.	

ANALYSIS REQUEST FORM

Applicant's Information																	
1. Name:	4. Email:																
2. Telephone:	5. Institution:																
3. Fax:	6. Address:																
Analysis Type																	
Services	Charges per analysis (excluding 6% GST)																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Academic</th> <th style="width: 50%;">Industry</th> </tr> <tr> <td>1. Metabolite analysis with MSTFA derivatization <input type="checkbox"/></td> <td style="text-align: center;">RM 200</td> </tr> <tr> <td>2. Dynamic Headspace (DHS)/Headspace <input type="checkbox"/></td> <td style="text-align: center;">RM 150</td> </tr> <tr> <td></td> <td style="text-align: center;">RM 250</td> </tr> <tr> <td></td> <td style="text-align: center;">RM 200</td> </tr> </table>	Academic	Industry	1. Metabolite analysis with MSTFA derivatization <input type="checkbox"/>	RM 200	2. Dynamic Headspace (DHS)/Headspace <input type="checkbox"/>	RM 150		RM 250		RM 200						
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	RM 250																
	RM 200																
Details of Sample																	
1. No. of samples:	4. Hazards (<i>please ✓</i>):																
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Carcinogenic</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Corrosive</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Toxic</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Others</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>(please specify)</i></td> </tr> </table>	Carcinogenic	<input type="checkbox"/>	Corrosive	<input type="checkbox"/>	Toxic	<input type="checkbox"/>	Others	<input style="width: 100%;" type="text"/>	<i>(please specify)</i>							
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Corrosive	<input type="checkbox"/>																
Toxic	<input type="checkbox"/>																
Others	<input style="width: 100%;" type="text"/>																
<i>(please specify)</i>																	
2. Sample ID: * <i>Please fill in the sample table</i>																	
3. Solvent for sample (<i>please ✓</i>):	5. Supporting document (<i>please ✓</i>):																
<table style="width: 100%;"> <tr> <td style="width: 60%;">Methanol <input type="checkbox"/></td> <td style="width: 40%;"><i>Others (please specify)</i></td> </tr> <tr> <td>Chloroform <input type="checkbox"/></td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Hexane <input type="checkbox"/></td> <td></td> </tr> </table> <p><i>Note:</i> Please prepare your sample in amber glass crimp vial with 250uL insert for metabolite analysis with MSTFA derivatization.</p>	Methanol <input type="checkbox"/>	<i>Others (please specify)</i>	Chloroform <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	Hexane <input type="checkbox"/>		<table style="width: 100%;"> <tr> <td style="width: 60%;">Oven Temperature <input type="checkbox"/></td> <td style="width: 40%;">Samples returned?</td> </tr> <tr> <td>GC inlet temperature <input type="checkbox"/></td> <td style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td>Split/splitless inlet mode <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Result from GC-MS/GC-FID <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GC column <input type="checkbox"/></td> <td></td> </tr> </table> <p><i>Note:</i> Please provide analytical GC column for analysis or the facility will use standard in-house HP5-MS column.</p>	Oven Temperature <input type="checkbox"/>	Samples returned?	GC inlet temperature <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Split/splitless inlet mode <input type="checkbox"/>		Result from GC-MS/GC-FID <input type="checkbox"/>		GC column <input type="checkbox"/>	
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GC column <input type="checkbox"/>																	
MS Analysis Method																	
1. Ionization mode (<i>please ✓</i>):	2. Analysis method (<i>please ✓</i>):* <i>Please fill in the sample table</i>																
<table style="width: 100%;"> <tr> <td style="width: 60%;">Electron Ionization (EI) <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td>Positive Chemical Ionization (PCI) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Negative Chemical Ionization (NCI) <input type="checkbox"/></td> <td></td> </tr> </table>	Electron Ionization (EI) <input type="checkbox"/>		Positive Chemical Ionization (PCI) <input type="checkbox"/>		Negative Chemical Ionization (NCI) <input type="checkbox"/>		<table style="width: 100%;"> <tr> <td style="width: 60%;">MS (<i>m/z</i> range) <input type="text"/></td> <td style="width: 40%;"></td> </tr> <tr> <td>MS/MS (Targeted precursor ion (s)) <input type="text"/></td> <td></td> </tr> </table>	MS (<i>m/z</i> range) <input type="text"/>		MS/MS (Targeted precursor ion (s)) <input type="text"/>							
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Applicant Declaration																	
<p>1. For further works <i>i.e.</i> experiment design, method development, analytical analysis optimization, data analysis and data interpretation, please contact Metabolomics Group Leader for research collaboration.</p> <p>2. PROMET personnel reserve the right to reject any samples that is not accompanied with sufficient information.</p>																	
Applicant's signature: _____ Date: _____																	
Internal Use Only																	
1. Date of submitted samples:	3. Date of report submission:																
2. Date of completed analysis:	4. Analysis cost:																
5. Signature and cop: _____ Date: _____																	

Contact:

PROMET Lab (Tel: 03-87693979)
 Dr. Abrizah Othman, Metabolomics Group Leader (Tel: 03-87694939)
 Dr. Umi Salamah Ramli, Head of PROMET Unit (Tel: 03-87694495)



Instrument	GC/Q-TOF MS
Model	Agilent 7200B
Service No.	

ANALYSIS REQUEST FORM

Applicant's Information	
1. Name:	4. Email:
2. Telephone:	5. Group/Unit/Division:
3. Fax:	
Analysis Type	
Services	
1. Metabolite analysis with MSTFA derivatization	<input type="checkbox"/>
2. Dynamic Headspace (DHS)/Headspace	<input type="checkbox"/>
Details of Sample	
1. No. of samples:	4. Hazards (<i>please ✓</i>): Carcinogenic <input type="checkbox"/> Corrosive <input type="checkbox"/> Toxic <input type="checkbox"/> Others (please specify) <input type="text"/>
2. Sample ID: * <i>Please fill in the sample table</i>	
3. Solvent for sample (<i>please ✓</i>): Methanol <input type="checkbox"/> Chloroform <input type="checkbox"/> Hexane <input type="checkbox"/> Others (please specify) <input type="text"/> <i>Note:</i> <i>Please prepare your sample in amber glass crimp vial with 250uL insert for metabolite analysis with MSTFA derivatization.</i>	5. Supporting document (<i>please ✓</i>): Oven Temperature <input type="checkbox"/> GC inlet temperature <input type="checkbox"/> Split/splitless inlet mode <input type="checkbox"/> Result from GC-MS/GC-FID <input type="checkbox"/> GC column <input type="checkbox"/> Samples returned? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Note:</i> <i>Please provide analytical GC column for analysis or the facility will use standard in-house HP5-MS column.</i>
MS Analysis Method	
1. Ionization mode (<i>please ✓</i>): Electron Ionization (EI) <input type="checkbox"/> Positive Chemical Ionization (PCI) <input type="checkbox"/> Negative Chemical Ionization (NCI) <input type="checkbox"/>	2. Analysis method (<i>please ✓</i>):* <i>Please fill in the sample table</i> MS (<i>m/z</i> range) <input type="text"/> MS/MS (Targeted precursor ion (s)) <input type="text"/>
Note for Applicant	
1. PROMET contribution will be acknowledged in all publication containing the fundamental results. Appropriate acknowledgment is "The authors wish to thank the Proteomics and Metabolomics (PROMET) laboratory at Advanced Biotechnology and Breeding Centre (ABBC), Malaysian Palm Oil Board (MPOB) for analyzing the samples". 2. For further works <i>i.e.</i> experiment design, method development, analytical analysis optimization, data analysis and data interpretation, please contact Metabolomics Group Leader for research collaboration. 3. PROMET personnel reserve the right to reject any samples that is not accompanied with sufficient information.	
Applicant's signature:	Date:
Group Leader of Metabolomics/ Head of PROMET Unit/ Director of ABBC approval	
Approval:	Date:
Internal Use Only	
1. Date of submitted samples :	4. Signature and cop: Date:
2. Date of completed analysis :	
3. Date of report submission :	



Proteomics and Metabolomics (PROMET) Facility
 Advanced Biotechnology and Breeding Centre (ABBC),
 Malaysian Palm Oil Board (MPOB),
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 43000 Kajang, Selangor
 Tel: 03-87694237 Fax: 03-89261995

For internal user only

Instrument	LC/MS-Q/TOF
Model	Bruker MicroTOF-Q
Service No.	

ANALYSIS REQUEST FORM

Applicant's Information	
1. Name:	4. Email:
2. Telephone:	5. Group/Unit/Division:
3. Fax:	

Details of Sample	
1. No. of samples:	5. Hazards (<i>please</i> ✓): Carcinogenic <input type="checkbox"/> Corrosive <input type="checkbox"/> Toxic <input type="checkbox"/> Others <input type="text"/> (<i>please specify</i>)
2. Sample ID: * <i>Please fill in the sample table</i>	
3. Solvent for sample:	6. Samples returned? YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Supporting documents (<i>please</i> ✓): HPLC profile <input type="checkbox"/> Mobile phase solvents <input type="checkbox"/> UV Trace <input type="checkbox"/> Mobile phase gradient <input type="checkbox"/> Column <input type="checkbox"/> <i>Note:</i> <i>Please provide analytical LC column for analysis or the facility will use standard in-house C18 RP column.</i>	7. TFA and/or phosphate derivatives in samples: YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Note:</i> <i>Trifluoroacetic acid (TFA) can suppress ionization in the LC-MS interface. Thus, usage for LC/MS sample is not encouraged.</i>

MS Analysis Method	
1. Ionization mode (<i>please</i> ✓): ESI Positive <input type="checkbox"/> APCI Positive <input type="checkbox"/> ESI Negative <input type="checkbox"/> APCI Negative <input type="checkbox"/>	2. Analysis method (<i>please</i> ✓): * <i>Please fill in the sample table</i> MS (<i>m/z</i> range) <input type="text"/> MS/MS (Targeted precursor ion (s)) <input type="text"/> LCMS Profile (Complex sample) <input type="text"/> Direct Infusion (Pure sample) <input type="text"/>

Note for Applicant
1. PROMET contribution will be acknowledged in all publication containing the fundamental results. Appropriate acknowledgment is "The authors wish to thank the Proteomics and Metabolomics (PROMET) laboratory at MPOB for analyzing the samples". 2. For further works <i>i.e.</i> experiment design, method development, analytical analysis optimization, data analysis or data interpretation, please contact Metabolomics Group Leader for research collaboration. 3. PROMET personnel reserve the right to reject any samples that is not accompanied with sufficient information.
Applicant's signature: _____ Date: _____

Group Leader of Metabolomics / Head of PROMET Unit / Director of ABBC approval
Approval: _____ Date: _____

Internal Use Only	
1. Date of submitted sample :	4. Signature and cop: Date:
2. Date of completed analysis :	
3. Date of report submission :	

Contact:
 PROMET Lab (Tel: 03-87694237/87694552)
 Dr Abrizah Othman, Metabolomics Group Leader (Tel: 03-87694939)



Proteomics and Metabolomics (PROMET) Laboratory
 Advanced Biotechnology and Breeding Centre (ABBC),
 Malaysian Palm Oil Board (MPOB),
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 43000 Kajang, Selangor
 Tel: 03-87694236 Fax: 03-89261995

For external user only

Instrument	QEP/MALDI TOF/TOF
Service No.	

Customer Details:

Principal Investigator:		Organization (Address):	
Department/Group:			
Email:		Phone & Fax:	

Sample Details:

Sample Source & ID:	Comment:
Format:	
Estimated Protein Quantity (mg/mL):	
Number of Sample:	

Service Requested:

	Number of Sample	Total Cost (RM) *refer to FAQs for costs
Sample pre-treatment (Spot excision/Reduction/Alkylation/Digestion/Clean up)		
Gel electrophoresis (1D), Coomassie-stained		
Protein identification only (MALDI MSMS/LCMSMS)		
Data analysis		
Full proteomics analysis (Digestion, LCMSMS and Analysis)		
Experimental Design Consultation/Customized services		

Declaration:

I have read and understood the PROMET Price List and agree to the charges. I have read and agree to PROMET terms and conditions (1 and 2).

Name:	Signature:	Date:
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PROMET PERSONNEL USE ONLY:

Sample Received By:	Date of Completion:
Storage:	Result Processed: Y/N (Date)
Processed By:	Data Folder:
	Report Collected: Y/N (Date/Format)
	Service hour:
	Comments:

¹Please contact PROMET to discuss the scope of services and fees before submitting the samples. Ensure that samples are prepared according to standard proteomic procedures. Reports will be sent in PDF format.

²Facility personnel making a substantial intellectual and contribution to the publication will be recognized as co-authors, unless when **full fee-for-service** is performed (no method development and minimum effort by PROMET personnel).

PROMET USE ONLY:

Contact:

PROMET Lab, Dr Benjamin Lau (03-87694236); Dr Umi Salamah Ramli, Head of PROMET (03-87694495)

Approval for Analysis:		
Proteomics Group Leader	Head of PROMET	Director of ABBC
Report Checked and Approved:		
PIC	Proteomics Group Leader	Head of PROMET

Contact:

PROMET Lab, Dr Benjamin Lau (03-87694236); Dr Umi Salamah Ramli, Head of PROMET (03-87694495)

v.1.11



Customer Feedback Form

Dear Valued Customer,

Thank you for opting for our proteomics services. Please fill out this short feedback form so that we can continue to make improvement to our services.

Name:

University/Institution/Company:

Service ID:

Directions: Circle the appropriate numbers and provide further comments at the bottom of the page (if any)

5 – Very good

2 – Poor

4 – Good

1 – Very Poor

3 – Fair

Overall experience

5	4	3	2	1
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Value for money

5	4	3	2	1
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Consultation and discussion

5	4	3	2	1
---	---	---	---	---

Would you recommend the service

5	4	3	2	1
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Additional comments or suggestions
