

ANALYTICAL REQUEST FORM

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

Office: (843) 792-1529
Lab: (843) 792-7726
Fax: (843) 792-6080
Email: bielawsj@musc.edu

PI Name:

Requested By:

PI Email:

Email:

Signature:

Phone#:

Project Grant #:

Date:

SPECIFY LIPID ANALYSIS:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Sph/S1P/Cer | <input type="checkbox"/> 7. PhytoSph/PhytoCer | <input type="checkbox"/> 13. Cer1P |
| <input type="checkbox"/> 2. dhCer | <input type="checkbox"/> 8. α -OH-PhytoCer | <input type="checkbox"/> 14. 1-Deoxy-Cer |
| <input type="checkbox"/> 3. α -OH-Cers | <input type="checkbox"/> 9. Hexosyl-Cer | <input type="checkbox"/> 15. Glu/Gal-Cer by SFC |
| <input type="checkbox"/> 4. DAG | <input type="checkbox"/> 10. Lactosyl-Cer | <input type="checkbox"/> 16. Sph/Cer Homologs: <input type="checkbox"/> 14C <input type="checkbox"/> 16C <input type="checkbox"/> 20C |
| <input type="checkbox"/> 5. SM | <input type="checkbox"/> 11. 17CSph/S1P/Cer | <input type="checkbox"/> 17. Cer-Analogs: <input type="text"/> |
| <input type="checkbox"/> 6. dhSM | <input type="checkbox"/> 12. dh17CSph/S1P/Cer | |

SPECIFY DATA NORMALIZATION METHOD:

(Answer required for cells, tissues and other matrices)

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 clients 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]:	_____

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

Date Received: