

#### **Flinders University**

## **Omics Facility**

#### College of Medicine and Public Health

Flinders Medical Centre, Room 4E432 Ph: (08) 8204 6103 Flinders Drive, Bedford Park SA 5042 Email: Omics.Facility@flinders.edu.au



	2023 - M	lass Spectrometry User Agreemer	nt Form	
Investigator Name	2			
Email				
Institution				
Department/Laboratory				
Account Number (Flinders Internal)				
Invoicing Address (External Institutions)				
Supervisor's Name				
Supervisor's Email				
Phone Number				
Brief purpose of research/experiments				
		Quotation Information		
Code	Mass Spectrometry Analysis	S		
PL-Q	Fusion Lumos/Exploris 480 N		Quotation Number:	
	Column(s) to be used:	Standard Extended Maxi	Quotation Amount: \$	
	Digest Type	Solution Gel		
	Digest Clean-up	Yes No		
	Method Development	Yes No		
	Quantification Required	Yes No		
	Fractionation	Offline High pH Gas-phase		
	Estimated Number of sampl	es:		
PL-MB1	Metabolomics Sample Analy	/sis	Quotation Number:	
	Own Column Yes	No	Quotation Amount: \$	,
	Existing Method Yes	No		
	Method Development Yes	No		
•		l electrophoresis consumables prior to mo	ass spectrometry analys	sis. These will be
invoiced separate	ly to the nominated account. I	Prices exclude GST.		
		Terms and Conditions		
In signing this form.	the investigator acknowledges a			
		e Flinders Omics Facility guidelines. Please co	ntact Omics staff before s	sample preparation
begins.	, ,	, 0		
		collect unused samples and data after analy		tored in Flinders Omics
·		alysis. Data will be kept for <b>no more than 12</b> n		
3. Samples (not prepared according to the correct guidelines) leading to instrument contamination and down time may incur significant fees depending on the contamination.				
4. Samples are placed in a queue upon receipt. For urgent samples please contact us via e-mail (omics.facility@flinders.edu.au)				
		alysis, occasionally the Omics Facility is unable		
		rvice fee. If poor data is a consequence of Flir	nders Omics Facility, instru	ument failure or similar,
	s will be incurred.			
6. It is requested that any publication containing data generated by Flinders Omics Facility acknowledges the facility.				
7. Invoices will be generated according to the agreement signed. Flinders University investigators will have payments processed through the nominated account number. Additional consumable fees (where applicable) will be charged to the above nominated account.				
Name:		Signature:		Date:



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Project Details	
Project Title:	
Draight Cummany	
Project Summary:	
Campula Capacian	
Sample Species:	
Aim:	
Analysis Method:	
, ,	
Project Details	
Project Details Project Title:	
Project Title:	
Project Details Project Title: Project Summary:	
Project Title:	
Project Title: Project Summary:  Sample Species:	
Project Title: Project Summary:	
Project Title: Project Summary:  Sample Species:	
Project Title: Project Summary:  Sample Species: Aim:	
Project Title: Project Summary:  Sample Species:	
Project Title: Project Summary:  Sample Species: Aim:	
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