

Mass Spectrometry Core Facility

Sample Submission Request Form

Request
Number:

USERS DATA

Authorized user:

(Name)

Principal Investigator:

(Name)

Research Group:

Brief description of the Project and rationale

Phone:

Fax:

E-mail:

Mass Spectrometry Core Facility

Request
Number:

Sample Submission Request Form

SERVICE REQUESTED	
Service type	<input type="checkbox"/> Method Development <input type="checkbox"/> Use established method
Sample introduction	<input type="checkbox"/> Direct <input type="checkbox"/> GC <input type="checkbox"/> LC
Ionization Technique	<input type="checkbox"/> ESI <input type="checkbox"/> APci <input type="checkbox"/> APPI <input type="checkbox"/> Solid probe
MS Experiment	<input type="checkbox"/> MS <input type="checkbox"/> MS/MS <input type="checkbox"/> MS ⁿ
Description:	
Sample/s information	
Number of samples:	Sample/s label/s:
Sample composition	Molecular Formula
Dissolved in	Solubility
	Toxicity
Purification method used	Reactivity
	Thermal stability:
	Specific requirements: <input type="checkbox"/> refrigerator <input type="checkbox"/> freeze <input type="checkbox"/> others <input type="checkbox"/> no light

Instrument		
<input type="checkbox"/> Synapt HDMS	<input type="checkbox"/> API 3000	<input type="checkbox"/> Polaris Q
Mode		
<input type="checkbox"/> +ve ion	<input type="checkbox"/> -ve ion	
Mass accuracy		
<input type="checkbox"/> Low Resolution	<input type="checkbox"/> High Resolution	on <input type="checkbox"/> Molecular Ion <input type="checkbox"/> Fragment Ion
Analysis conditions		
Sample preparation		
LC conditions		
Chromatograph		
Column		
Flow Rate		
Eluents		
λ		
Gradient		
MS conditions		
Source Temp		
Cone Voltage		
m/z range		
Other comments		
Service Type		
<input type="checkbox"/> Self-service	<input type="checkbox"/> Core Operator, Name:	<input type="checkbox"/> Report
Hours instrument	Hours lab	Hours operator
Date and users signature of sample collection: (once analyzed):		
AGREEMENT		
Date:	Date:	
User's Signature:	PI's signature:	