

Sample Submission Form

Name: _____ **Date:** _____
Phone: _____ **PI/Company:** _____
Fax: _____ **Department:** _____
Email: _____ **Lab location/Address:** _____
Account/PO#: _____ **PI Approval (if required):** _____

Structural Information

Confidence in structure:

- Tentative
 Confident
 Confirmed

Sample ID:	Molecular Formula:	Monoisotopic MW:
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SAMPLE INFORMATION

Toxicity: <input type="checkbox"/> Extremely toxic <input type="checkbox"/> Toxic <input type="checkbox"/> Safe	Sample handling: <input type="checkbox"/> Refrigerate (5° C) <input type="checkbox"/> Freeze (-20° C) <input type="checkbox"/> Light sensitive <input type="checkbox"/> Air/Moisture sensitive <input type="checkbox"/> Acid sensitive	Sample amount: <input type="checkbox"/> Solids (mg): <input type="checkbox"/> In solution mg/mL or pmol/μL: Volume: Solvent:	Suitable solvents: <input type="checkbox"/> MeOH <input type="checkbox"/> ACN <input type="checkbox"/> Acetone <input type="checkbox"/> 1:1 MeOH : H ₂ O <input type="checkbox"/> 1:1 ACN : H ₂ O <input type="checkbox"/> Other (specify):	**Due to EH&S regulations, all samples must be retrieved after analysis. <i>Your cooperation is greatly appreciated!</i>
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Describe sample origin (e.g. synthetic, physiological fluid, etc.) & final step of **purification procedure** (e.g. solvent, buffers; avoid nonvolatile buffers and detergents, minimize TFA to < 0.05%):

ANALYSIS

Desired Information: <input type="checkbox"/> Molecular wt. (low-res) <input type="checkbox"/> Fragmentation pattern <input type="checkbox"/> Isotope pattern <input type="checkbox"/> Hi-Res (low-res MS req'd) <input type="checkbox"/> Other (describe):	Ionization: <input type="checkbox"/> Unknown <input type="checkbox"/> + Electrospray <input type="checkbox"/> - Electrospray <input type="checkbox"/> + APCI <input type="checkbox"/> - APCI	<input type="checkbox"/> LC/MS: UV wavelength: Column: ID x Length: Flow Rate: <small>*Please provide UV trace, if possible. If you do not have a working method, we will develop one, but it may require 2-3 hours extra time.</small>	*LC method info: Solvent A: Solvent B: Gradient:
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Data Return:	Results will be sent by email
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FOR LAB USE

RECORD #:	+ESI -ESI +APCI -APCI	<input type="checkbox"/> ENTER	REC:
FN:	MS 2 3 4 5 6	<input type="checkbox"/> COMPLETE	HR:
RES FN:	AS LI SP LC UV	<input type="checkbox"/> NOTIFY/SEND	TOT:
TUN/METH:	FR REF RT RET DISP	<input type="checkbox"/> BILL	RET: