

Mass Spectrometry Sample Analysis Form

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 Mass Spectrometry Facility
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Investigator Information

Name: _____	e-mail: _____
Professor / Advisor _____	10-digit Account # : _____
Department: _____	
Address: _____	Phone: _____

Sample Information

Sample ID: _____	Elemental formula: _____
Amt. /Solvent//soluble in: _____	Special handling / storage: _____
Structure / Source / Reaction:	

Analysis Information

Analysis requested / problem to solve:
Ionization: <input type="checkbox"/> EI <input type="checkbox"/> CI <input type="checkbox"/> MALDI <input type="checkbox"/> ESI
Mode: <input type="checkbox"/> POS <input type="checkbox"/> NEG
Sample introduction: <input type="checkbox"/> Direct <input type="checkbox"/> GC <input type="checkbox"/> LC

For Facility use

Instrument	Ionization	Date	File
POLARIS-Q			
LTQ / LCQ			
AUTOFLEX			
KOMPACT SEQ			
IONSPEC FTMS			
JEOL			
Comments			

Date Received: _____	Date Completed: _____	UKMSF#: _____
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