Mass Spectrometry
Analysis Form

&KHPLFDO 3XULILFDWLRQ $QDO\VLV DQG 6FUHHQ
( )RZOHU $YH 17(6PSD)/
6SHFW%XP'5%6XLWH 7DPSD/

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Submitter Contact Information

Submitted by:_____ Date:_____
Email:_____ Phone:_____
Address:_____ Department:_____

Sample Structure

Draw structure of expected product(s) below

Sam. ID: _____

Molecular Weight :_____
(Mono Isotopic/Exact mass)

Empirical Formula : _____
Solvent: _____
Concentration: _____
Also soluble in: _____
Storage (Freezer, R.T): _____
Other components (Salts, buffers): _____

Stability issues (Temp, acid, air, etc): _____

% R L O L Q 3&) S R L Q W (_____ B B B B B B B B B B B B

Analysis Information

' D W D 5 H T X H V W H G

0 6 $ Q D O \ ☑ LC-MS ☐ *C-MS ☐ MS

1 R P L Q D W V 4 0 6 0 6 ☐ 4 T 4, QTOF, TOF-TOF + 5 0 6 ☐ Triple TOF, QTOF, TOF-TOF

Ionization W H F K Q L T X H:
☐ ESI ☐ APCI (TOF) ☐ CI ☐ (I F R Q F P J P / ☐ 0 $ / ' , (TOF-TOF)

Payment Information

If purchasing from off campus
P.O. Number: _____

If purchasing from USF campus
Account or fund Number: _____

Primary Investigator (Form must have P.I. signature)

Primary Investigator Name: _____

Primary Investigator signature: _____ Date: _____

_____

Facility use only) Total Charge: _____ Comments: _____