

REQUEST FOR SAMPLE ANALYSIS

MSU Mass Spectrometry Facility

Room 11, Biochemistry Building, East Lansing, MI 48824-1319

(517) 353-0612 [FAX] (517) 353-6342

email: chambe16@pilot.msu.edu (Bev Chamberlin)

This is an "interactive" form that may be filled in on-line and printed.

Sample submitted by: _____ Faculty Project Leader: _____
Telephone: _____ Department/Address: _____
FAX Number: _____
Account/P.O. No.: _____
Email address: _____

PLEASE FILL OUT THE INFORMATION REQUESTED BELOW. SUCCESSFUL ANALYSES OF YOUR SAMPLES DEPENDS UPON IT.

Please provide the structure below. Molecular weight: _____ Empirical formula: _____

Solid sample: Amount provided: _____ Suitable solvent: _____
Solution sample: Solvent used: _____ Concentration: _____
Storage and special handling (Temperature, light sensitive?): _____
Safety considerations (Radioactive, hazardous?): _____
Sample history (purification, preparation, reagents, buffers, other compounds that may be present): _____

Requested Analysis

Ionization method: Positive Negative EI CI FAB MALDI* Other _____

And: GC/MS MS/MS on m/z _____ High resolution on {m/z _____, ion formula _____}

If high resolution is requested, a low resolution spectrum must be obtained first.

Is a low resolution spectrum attached? Yes No If not, one will be generated and a charge will be made.

If yes, how was the spectrum obtained? _____

Special requests: _____

*This service now performed by the Proteomics Facility

Please acknowledge the MSU Mass Spectrometry Facility in your publications.

Date: _____ Signature: _____

To be completed by Facility staff:

Date completed _____ **Operator** _____
Data File # _____ **Time (hr)** _____
GC-MS: Column _____ **Direct Probe** _____
Program _____ **Mass Range** _____
Fab Matrix _____

High Resolution Result

Comments: _____