

Texas A&M University
Laboratory for Biological Mass Spectrometry

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Sample Submission Form

Contact Information

Name: _____ Date: _____
Phone: _____ Dept./Company: _____
Email: _____ Account/PO#: _____
Principal Investigator: _____ Address: _____

Sample Information

Sample ID: _____ Formula: _____ Monoisotopic Mass: _____

Attach sample vial within box.
Provide chem. structure.

Estimated Quantity

In Solution
Solvent _____
Concn. _____ mg/ml
 Neat Liquid: _____ ml
 Neat Solid: _____ mg

Solubility

Methanol
 Acetonitrile
 Chloroform
 Dichloromethane
 Water
 Tetrahydrofuran
 Other _____

Purity

Crude
 Semi Pure
 Pure

(NOTE: Samples are NOT accepted in DMF or DMSO)

Confidence of Quality

Tentative
 Confident
 Confirmed by _____

Storage Requirement

Refrigerate
 Freeze
 Keep Dark

Toxicity

Safe
 Toxic
 Biohazard

Sensitive to

Acid
 Base
 Air
 Light

Please provide chemical structure in the space provided above or attach drawing/image on the back of this form.

Analysis Requested

Mass Analysis

Unit Mass (Low-res)
 Accurate Mass (Hi-Res)
 Fragmentation Pattern

Mass Range Desired:

From _____ to _____

Ionization

+ ESI
 - ESI
 + MALDI
 - MALDI
 + APCI
 - APCI
 EI, CI
 Not Sure

LC/MS

Provide the following info.

Column: _____

ID: _____

Length: _____

Flow rate: _____

Solvent A: _____

Solvent B: _____

Gradient: _____

GC/MS

Provide the following info.

Temperature Program _____

Acknowledgment Policy. Research carried out in part or in full using LBMS facilities with services and/or contributions requires acknowledgements of facility and staff members. See our acknowledgment policy details on our web page.

LBMS Facility Use Only

Log in # _____

Operator: _____

File Name: _____ Theoretical Mass: _____ Accuracy: _____ ppm

Ionization Method: +ESI -ESI +APCI -APCI +MALDI -MALDI EI CI

Separation: LC GC Fragmentation: MS/MS Zip-Tip

Instrument: Qstar DECA STR DSQ Other _____

Matrix Used: DHB THAP CHCA SA HABA IAA Dithranol Other _____ Solvent _____

Time for Analysis: _____

Comments: _____

Billed Date: _____