Print Form

SIU Southern Illinois University
CARBONDALE

MASS SPECTROMETRY FACILITY
DEPARTMENT OF CHEMISTRY & BIOCHEMISTRY

SAMPLE SUBMISSION FORM

USER INFORMATION (* - Required)

*User Name: First _____ *Last _____ *Phone No: _____

*Advisor _____ *FAS/AIS Acct No _____ Fiscal officer _____

Account Title: _____

*Campus Location/Mailing _____

SAMPLE INFORMATION

*Sample ID: _____

*(Proposed) Molecular Formula: _____

Molecular Mass: _____

*Est. Purity : _____ *Est. Conc. (Solution): _____

M/B Point(For EI) _____ *Recommended Solvent _____

*Source: ☐ synthetic ☐ Commercial ☐ Natural

☐ Derivative or Metabolite ☐ Other _____

*Stability: ☐ Stable ☐ Thermal Labile

☐ Air Sensitive ☐ Light Sensitive ☐ Water Sensitive

*Hazards: ☐ Toxic ☐ Flammable ☐ Corrosive

☐ Bad Smell ☐ Radioactive ☐ Other _____

*Storage: ☐ Check if sample should be refrigerated

Sample Structure

SERVICE REQUESTED

Ionization Technique: ☐ Electron Impact ☐ Electrospray ☐ MALDI

Mass-to-Charge Range: From _____ To _____ Mode: ☐ Negative Ion ☐ Positive Ion

Type of Data: ☐ GCMS (Need pre-established chromatographic method) ☐ Mixture Analysis

☐ Molecular Weight ☐ Fragments

☐ Protein Identification by Peptide Mass Fingerprint ☐ Protein Identification by MS/MS

☐ Protein Sequence Coverage

☐ LC/MS or LC/MS/MS (Need pre-established chromatographic method)

Chromatographic
Method Description
(including column)

_____

Date Received _____ Analyzed by _____

Date Completed _____

Comments: