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 _____
  Concen. _____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:_____