

Mass Spectrometry Sample Analysis Form

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 Mass Spectrometry Facility
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Investigator Information

Name:	e-mail:
Professor / Advisor:	10-digit Acct.# :
Department:	
Address:	Phone:

Sample Information

Sample ID:	Elemental formula:
Amt. /Solvent//soluble in:	Special handling / storage:
Structure / Source / Reaction: Protein ID Taxonomy:	

Analysis Information

Analysis requested / problem to solve:			
Ionization:	EI	MALDI	ESI
Mode:	POS	NEG	
Sample introduction:	Direct	GC	LC

For Facility use

Instrument	Ionization	Date	File
POLARIS-Q			
GC-MS			
LTQ			
ULTRAFLEX			
EXACTIVE			
JEOL			
Comments			

Date Received:	Date Completed:	UKMSF#:
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