



MASS SPECTROMETRY FACILITY
 SCHOOL OF PHARMACY
 UNIVERSITY OF CALIFORNIA
 600 16TH STREET, GENENTECH HALL, RM. N472
 SAN FRANCISCO, CA 94158-2517 ♦ 415-476-4893

FACILITY USE ONLY	
Date Rec'd	Sample ID:

SAMPLE SUBMISSION FORM

Date _____

Project Number _____

Requested By _____

Principal Investigator _____

Phone _____

PI Signature REQUIRED _____

Email Address _____

Approx. Amount _____

(if less than 1 nmol, must be approved by Facility Manager)

Samples will be returned

Soluble In _____

MW _____ Toxicity _____

Storage Room Temp 4° Refrigerator -20°C -80° C Other _____

SHORT Sample Name - 10 characters MAXIMUM (unique name for each form)

Description of sample origin (e.g., physiological fluid, tissue, etc.) and final step of purification procedure (e.g., solvent, buffers [avoid non volatile buffers and detergents] etc.).

State what information is being sought from mass spectra and supply copy of mass spectral data already available.

Date Run	<i>(Example)</i> 01/01/12				
Technique/ Mode	LCMSMS				
Instrument	Velos				
Log No(s) from:	05				
	-				
to:	11				
Total Runs indicate length of each run (BSA included)	1 hr × 4	1 hr ×	1 hr ×	1 hr ×	1 hr ×
	1.5 hrs × 2	1.5 hrs ×	1.5 hrs ×	1.5 hrs ×	1.5 hrs ×
	2 hrs × 1	2 hrs ×	2 hrs ×	2 hrs ×	2 hrs ×
Total Hours (BSA included)	9 (with BSA)				
Operator	Ronde				