MASS SPECTROMETRY FACILITY
SCHOOL OF PHARMACY
UNIVERSITY OF CALIFORNIA
SAN FRANCISCO, CA 94143-2240

SAMPLE SUBMISSION FORM
REQUEST FOR MASS SPECTRA

FACILITY USE ONLY

Sample ID No:

Date _____

Requested by _____ Facility Project No.

Phone _____ Fax _____ Research Director _____

Address _____ Signature of Research Director _____

PLEASE ENTER A UNIQUE SAMPLE NAME CONSISTING OF NUMBERS AND LETTERS-NO Special Characters (Exmpl: Peptides1)

Sample Name

Approx.Amount _____ Soluble In _____ Return Sample? ☐ Yes ☐ No

Storage ☐ 0 degree Refrigerator ☐ -80 Freezer ☐ -20 Freezer ☐ Other _____ Toxicity _____

The following information must be sent with this form in a separate document in order for samples to be processed:

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

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

3. Proposed structural formula and molecular weight.

For Facility Use Only

Date Run										
Instrument										
Technique Mode										
for LCMALDI or MALDI qty of ea	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____	MS ____ MSMS____
Log No(s).: first / last	____	____	____	____	____	____	____	____	____	____
Operator (initials)										