

Texas A&M University Chemistry Mass Spectrometry Facility

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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 _____
Concn. _____ 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 chemistry mass spec facility with services and/or contributions requires acknowledgements of facility and staff members. See our acknowledgment policy details on our web page.

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: QE FLEX AMAZON DSQ Other _____

Matrix Used: DHB THAP CHCA SA DCTB IAA Dithranol Other _____ Solvent _____

Time for Analysis: _____

Comments: _____

Billed Date: _____