Mass Spectrometry
Analysis Form

&KHPLFDO 3XULILFDWLRQ $QDO\VLV DQG 6FUHHQ
( )RZOHU $YH 17(6PSD)/
6SHFW%XUX?'5%6XLWH 7DPSD)/

Contact:> GE X v š phone •: (813) 974-60 l r ì í í î fax: (813) 974-3203 email: o@usf.edu

Submitter Contact Information

Submitted by:_____ Date:_____
Email: _____ Phone:_____
Address:_____ Department:_____

Sample Structure

Draw structure of expected product(s) below

Sam. ID: _____

MolecularWeight :_____
(Mono Isotopic/Exact mass)

Empirical Formula : _____
Solvent: _____
Concentration: _____
Also soluble in: _____
Storage (Freezer, R.T): _____
Other components (Salts, buffers): _____

Stability issues (Temp, acid, air, etc): _____

%RLOLQ3&)SRLQW(____ BBBBBBBBBBBB

Analysis Information

'DWD 5HTXHVWHG

06$QDO\VLV LC-MS ☐ *C-MS ☐ MS

1RPLQDO 0VS 4 06 06 ☐ 4T4, QTOF, TOF-TOF +506 ☐ Triple TOF, QTOF, TOF-TOF

Ionization WHFKQLTXH:
☐ ESI ☐ APCI (TOF) ☐ CI ☐ (I FRQF PJ P/ ☐ 0$/', (TOF-TOF)

Payment Information

If purchasing from off campus
P.O. Number: _____

If purchasing from USF campus
Account or fund Number: _____

Primary Investigator (Form must have P.I. signature)

Primary Investigator Name: _____

Primary Investigator signature: _____ Date: _____

_____

Facility use only) Total Charge: _____ Comments: _____