

REQUEST FOR SAMPLE ANALYSIS
RTSF Mass Spectrometry and Metabolomics Core, Michigan State University
603 Wilson Road – Biochemistry Room 11, East Lansing, MI 48824-1319
<https://rtsf.natsci.msu.edu/mass-spectrometry/> Phone: 517-353-0612

Please Print

Sample Submitted By: _____
 Faculty Project Leader (PI): _____
 Department: _____
 Shipping Address: _____
 Telephone: _____
 E-mail Address: _____
 GLBRC – Please provide project number: _____
 Date Submitted: _____

For non MSU-clients: Institution/Company: _____
 For non MSU-clients: Bill To/Accounts Payable: _____
 Address: _____
 Account/PO #: _____

Please FAX a copy of PO to 517-353-6342
 Credit card payment. You must fill out and append the form located at
<https://rtsf.natsci.msu.edu/payment/>

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW. SUCCESSFUL ANALYSES OF YOUR SAMPLES DEPEND UPON IT.

Please draw or attach the chemical structure. Molecular mass: _____ Elemental formula: _____

Instrument Agilent GC-MS [A] Quattro Premier XE LC-MS/MS Xevo TQ-S LC-MS/MS Q-Exactive LC-MS/MS
 Thermo DSQ-II GC-MS Quattro Micro LC-MS/MS Xevo QTOF LC-MS/MS #1 Shimadzu Axima MALDI-TOF
 GCT Premier GC-TOF Acquity TQ-D LC-MS/MS Xevo QTOF LC-MS/MS #2 Speed Vac
 Agilent 7010 GC-MS/MS

Solid sample. Amount provided: _____ Suitable solvent(s): _____
 Solution sample. Solvent used: _____ Analyte concentration: _____
 Special storage and handling (temperature, air/light sensitive?): _____
 Safety considerations (Radioactive, hazardous?): _____
 Sample history (purification, preparation, reagents, buffers, detergents, other compounds present): _____

Requested Analysis

Ionization method: 70 eV EI CI APCI APPI ESI (electrospray) MALDI Polarity: (+) (-)
 MS/MS Product/daughter scan Precursor/parent scan Neutral loss scan for mass: _____
 High resolution/accurate mass on m/z _____ Anticipated ion formula: _____
 GC/MS LC/MS LC/MS/MS Direct probe Flow injection analysis Infusion Other _____
 Column, temperature, mobile phase, gradient, other: _____

Special requests (sample/data processing): _____

Please acknowledge the MSU Mass Spectrometry and Metabolomics Core in your publications

Code	Service	Qty	Rate	Amount

To be Completed by Facility Staff: Date completed: _____ Operator _____
 Data file: _____ Time (hr) _____
 Probe/FIA/Infusion _____
 Column: _____ Mass Range: _____
 Program/Gradient: _____ Matrix: _____
 High resolution result: _____ Ionization Mode: _____
 Comments: _____