

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:** _____**For non MSU-clients: Institution/Company:** _____**Faculty Project Leader (PI):** _____**For non MSU-clients: Bill To/Accounts Payable:** _____**Department:** _____**Shipping Address:** _____**Address:** _____**Telephone:** _____**Account/PO #:** _____**E-mail Address:** _____**Please FAX a copy of PO to 517-353-6342****GLBRC – Please provide project number:** _____ Credit card payment. You must fill out and append the form located at <https://rtsf.natsci.msu.edu/payment/>**Date Submitted:** _____**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 or L] Quattro Premier XE LC-MS/MS Xevo TQ-S LC-MS/MS QTRAP 3200 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

 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) _____

Column: _____ Probe/FIA/Infusion _____

Program/Gradient: _____ Mass Range: _____

High resolution result: _____ Matrix: _____

Comments: _____ Ionization Mode: _____