

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.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 Email a copy of PO to RTSF.MassSpec@msu.edu

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) _____

Column: _____ Probe/FIA/Infusion _____

Program/Gradient: _____ Mass Range: _____

High resolution result: _____ Matrix: _____

Comments: _____ Ionization Mode: _____