

UNIVERSITY OF FLORIDA- MASS SPECTROMETRY RESEARCH AND EDUCATION CENTER

OFF-CAMPUS SERVICE REQUEST FORM

Mail or bring Sample(s) and Service Request Form together

Please TYPE all information on Form and have Form SIGNED prior to submission.

CONTACT INFORMATION:

Date Submitted: _____

Name: _____ Email: _____ Phone: _____

Supervisor Name: _____ Email: _____ Phone: _____

Affiliation/Dept: _____

Billing Address _____

Authorized Signature (REQUIRED): _____ Title: _____

PLEASE NOTE: THE MS FACILITY CANNOT ACCEPT RADIOACTIVE or HAZARDOUS MATERIALS

Small Molecule Sample Information

Sample Name: _____ Sample Quantity: _____ mg Concentration: _____

Soluble In (Check One): _____ Methanol _____ Acetonitrile _____ Water _____ THF _____ Chloroform _____ Other

Formula: _____ MW: _____

Additional Sample Comments: _____

For accurate mass analysis, insert or attach a structure.

Protein/Peptide Sample Information

Sample Name: _____ Sample Type (gel, solution what buffers) _____

Species: _____

Additional Comments/Brief Description of Desired Analysis: _____

Desired Analysis

Molecular Weight/Molecular Formula Determination

- ___ Ultra-High Resolution Accurate Mass/Formula Determination
___ Accurate Mass (molecular formula matching less than 1000 amu)

Metabolomics/Small Molecule

- ___ GC or LC-MS Method Development
___ GC-MS
___ Low-resolution LC-MS
___ Ultra-high Resolution LC-MS
___ Training

Proteomics

- ___ SDS-PAGE
___ Albumin Removal/Phosphopeptide Enrichment
___ Cell Lysis/protein extraction
___ Protein Precipitation
___ Protein Quantitation
___ Protein ID Low Resolution
___ Protein ID Ultra-High Resolution
___ Post-Translational Modification Analysis
___ Protein ID Complex Mixture