UNIVERSITY OF FLORIDA- MASS SPECTROMETRY RESEARCH AND EDUCATION CENTER

ON-CAMPUS SELF OPERATED FORM

Fill this out once per month and record usage

Please <u>TYPE</u> all information on Form and have Form <u>SIGNED</u> prior to submission.

Jame:		Email:	Phone:
		Email:	
Dept:			
Dept ID	*Project	*(REQUIRED)	
Authorized Signature ((REQUIRED):		Title:
PLEASE N	NOTE: Instrument tim	e is charged in 30 minute incre	ements.
Instrument(s) Used	d Date	Minutes (30 ı	minute minimum) Number of Samples
MALDI			
GC-MS			
TOF			

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