

**UNIVERSITY OF FLORIDA- MASS SPECTROMETRY RESEARCH AND EDUCATION CENTER**

**ON-CAMPUS SELF OPERATED FORM**

Fill this out once per month and record usage

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

CONTACT INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept: \_\_\_\_\_

\*Dept ID \_\_\_\_\_ \*Project \_\_\_\_\_ \*(REQUIRED)

Authorized Signature (REQUIRED): \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE NOTE: THE MS FACILITY CANNOT ANALYZE RADIOACTIVE or HAZARDOUS MATERIALS**

Instrument(s) Used	Date	Hours	Number of Samples
_____ LTQ XL	_____	_____	_____
_____ MALDI	_____	_____	_____
_____ GC-MS	_____	_____	_____
_____ TOF	_____	_____	_____
_____ QTOF	_____	_____	_____
_____ Quad	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: If more than one instruemnt is used please specify each line which mass spec was used

<p>University of Florida, Deaprtment of Chemistry - Mass Spectrometry Research and Education Center  <a href="https://mass-spec.chem.ufl.edu/">https://mass-spec.chem.ufl.edu/</a>          Phone: 352-392-8782</p>	<p><b>SAMPLE ID #:</b> _____          (Office Use Only)</p>
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