Keck Biotechnology Resource Laboratory

Non-Yale Mass Spectrometry Sample Submission Form

(Radioactive Samples Will Not Be Accepted)

Order Date: MM DD YY

Your Name: _____ Last Name _____ First Name _____ MI

PI Name: _____ Last Name _____ First Name _____ MI

Department: _____ **Institution:** _____

Telephone: ( ) - **Fax:** ( ) - **E-mail:** _____

Billing Address: *(Required)* _____ Street Address _____ City, State _____ Zip Code

Shipping Address: _____ Street Address _____ City, State _____ Zip Code

Required Charging Instructions (Check one): ☐ **P.O. Number-Amount:** **$** ☐ **NBC** ☐ **Credit Card**

Enter a Purchase Order Number or a Visa/Mastercard Number and Expiration Date. Please indicate whether the charging instructions refer to a P.O. Number, an HHMI P.O. Number, or a Credit Card above. Indicate P.O. Amount if applicable.

Description of Samples for Intact MS				
Sample #	1	2	3	4
Sample Name				
Biological Source (if appropriate)				
NIH-Approved *Human* Stem Cell? (Specify Stem Cell line)	Yes / No	Yes / No	Yes / No	Yes / No
Estimated Total Amount (µg)				
Estimated Total Amount (picomole)				
Total Volume (µl)				
Monomer Mass (Da)				
Form (solution or dry)				
Radioactive?				
Isotope/cpm				
Biohazard? (If yes, explain below)				
Requested Services (check all services requested on each sample)				
ESMS				
FT-ICR MS (Specify type)				
Complete the Following Two Entries for Exact Mass Determinations on 150-1,000 Da Compounds				
Expected Monoisotopic MW				
Molecular Formula				

To indicate whether the sample should be recorded in positive or negative ion mode, please indicate the proposed structure or compound type for each sample:

If samples are submitted in solution please give the solvent/buffer - use a separate form if different samples are in different solvents.

If samples are submitted dry please give the method of precipitation or the volume/composition of the buffer/solvent that was dried: