



Keck Biotechnology Resource Laboratory

Yale Mass Spectrometry Sample Submission Form

Order Date:

MM	DD	YY			

Your Name: _____
Last Name First Name MI

PI Name: _____
Last Name First Name MI

Department: _____ Yale Cancer Center Member? YES NO

Room #: _____ Building: _____

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

Yale Charging Instructions:

Project	Task	Award	Expenditure Type	Organization
			8 3 3 6 0 0	

Check here if NBC Member

Description of Samples for Intact MS

Sample #	1	2	3	4
Sample Name				
Biological Source (if appropriate)				
NIH-Approved <i>Human</i> 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:
