



Yale MS & Proteomics Resource

Yale HRMS 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: _____ Yale Cancer Center Member? YES NO

Room #: _____ Building: _____

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

Yale Charging Instructions:

Charge of Accounts					
Company Code	Grant/Gift/Yale Des.	Cost Center	Program	Project	Assignee

Description of Samples

Sample #	1	2	3	4
Sample Name				
Biological Source (if appropriate)				
Sample condition (solution or dry)				
<i>If solution</i> , what is the Solvent or buffer? and estimated concentration (μ M)				
<i>If dry**</i> , estimated Total Amount (μ g)				
Radioactive? (Yes or No)				
Positive or Negative ionization mode?				
Biohazard? (If yes, explain below)				
Require MS/MS? (Yes or No)* May incur additional costs.				
Complete the Following for Exact Mass Determinations on Compounds with MW between 120-1,000 Da				
Expected Monoisotopic MW				
Molecular Formula				

Please indicate the proposed structure or compound type for each sample (if known):

**If samples are submitted dry please give 1) the method of precipitation, 2) the volume/composition of the buffer/solvent that the sample was dried from, and 3) the solvent that the compound is soluble in:
