Facility for Genomics and Proteomics

Biotechnology Building

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Low Resolution Small Molecule Mass Spectrometry Service

Name:	**Lab number:** **Department:**	**Date:**
Phone:	**E-mail:**	

Person responsible for payment
Name:
Department:
Phone: **Email:**
Entity:

Structure (if known):

Starting material + formula + mass (illustrate/attach info)	**Product + formula + mass**

Number of samples submitted:	**Soluble in:** **ACN** **MeOH** **EtOH** **Other:**
Sample ID:	
Instructions:	

I'm aware of the cost involved with this analysis:

Name _____ Signature _____

Sample holders should be clearly labelled with sample ID and contain no less than 0.5 mg of sample