

# MASS SPECTROMETRY SAMPLE SUBMISSION FORM

Facility Location, Mailing  
and Shipping Address:

Medicinal Chemistry Mass Spectrometry Center  
I-093B Health Sciences Building  
University of Washington  
Seattle, WA 98195-7610  
(206) 543-6439 (office), 543-7794 (laboratory)

WebSite: <https://sop.washington.edu/department-of-medicinal-chemistry/research/mass-spectrometry-center/>

## Customer Identification

Submission Date	Budget or P.O #	P.I.
Submitted by		Phone
Billing Dept Email		Email
Billing Address / Dept.		
Location of Sample in Lab		

## Sample Identification – Sample contents must be identified clearly otherwise they will not be analyzed

Sample Label (as appears on vial):	
Sample format (please select): Solid <input type="checkbox"/> ; Liquid <input type="checkbox"/>	Molecular Weight ( $M_r$ ):
Solvent and/or Solubility: Acetonitrile <input type="checkbox"/> ; MeOH <input type="checkbox"/> Other:	Empirical Formula:
Quantity / Concentration:	Sensitivities:
Biologicals <input type="checkbox"/> (contact staff regarding biosafety)	Storage Requirements:

## Analysis Instructions

Analysis Method: ESI <input type="checkbox"/> GCMS <input type="checkbox"/> MALDI <input type="checkbox"/>	
Ionization Polarity Positive <input type="checkbox"/> Negative <input type="checkbox"/>	Intact Protein <input type="checkbox"/> Peptide Map <input type="checkbox"/>
LCMS required (Samples are complex or in buffer) <input type="checkbox"/>	
Quantitative assay development is available. Please contact staff prior to filling out sample submission form.	

## Structures & Comments:

Internal Use Only - Data Files:

Instrument  
Analysis: Type/Time  
Rate Code
