

SAMPLE ANALYSIS SUBMISSION FORM
(one form per sample)

Name:		Phone:	Date:
Full Address:		PI Authorization (print and sign):	
Email:			
Sample Identification:		Account No. or PO No.	
Sample Solubility: CH ₂ Cl ₂ Hexane MeOH Other_____			
Last Purification Step:		Estimated pKa (if known):	
Weight of sample in vial:(mg)		Return Samples?__ (provide filled out FEDEX form)	
Required Handling: ____ Refrigeration _____ Freezer _____ User prefers to be present			

Specify any Precautions or Toxicity:

<p style="text-align: center;"><u>Method:</u></p> <p>_____ FTIR _____ GCMS _____ UV-VIS _____ TGA _____ HPLC _____ LCMS _____ Low Resolution MS _____ High Res./ Accurate Mass MS _____ MS/MS (specify ion) _____ ICPMS</p> <p style="text-align: center;"><u>Ionization:</u></p> <p>_____ ESI _____ MALDI _____ Electron Impact</p>	<p style="text-align: center;">Molecular Weight (using lightest isotope)</p> <hr/> <p>Structure and Elemental Formula:</p> <p style="text-align: center;">C___ H___ N___ O___ _____</p>
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Results Requested: _____ Email _____ Pick up at Center

Analyst _____	Office Use Only:	Instrument: _____
Date of Analysis: _____	Data Filename _____	Conditions/Method: _____

Notes on Run:

Chemistry Instrument Center
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329 Natural Sciences Complex
Buffalo, NY 14260
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