SAMPLE ANALYSIS SUBMISSION FORM

Name:	Phone:	Date:
Full Address:	PI Authorization (sign):	
Email: (required)		
Sample identification:	Billing Account Number * (required)	
Sample Solubility: CH2Cl2 Acetonitrile MeOH Other_____		
Last Purification Step:	Estimated pKa (if known):	
Weight of sample in vial:_mg	Return sample? (if not please provide disposal information)	

Required Handling:
_____Refrigeration _____Freezer _____ User prefers to be present

Hazards and Precautions: (required)
Choose toxicity level and list any special precautions needed (ex: weigh out/measure in fume hood only). See Chemical Hygiene Plan or other sources for best choosing designation (ex.: safety data sheet, reagent bottle label, EH&S consult, contains known toxin, etc…)

☐ Highly Toxic (LD50 < 50 mg/kg) Explain hazards/precautions:

☐ Moderately Toxic (LD50 = 50-500 mg/kg)

☐ Slightly Toxic (LD50 > 500 - 5000 mg/kg)

☐ NA

Method:	Molecular Weight (using lightest isotope)
_____High Res. Accurate Mass MS	Structure and Elemental Formula:
_____FTIR with ATR	
_____GCMS or GCMS/MS	
_____UV-VIS spectra	
_____ Elemental Analysis (CHNS)	
_____ HPLC/UV (multiple λ)	
_____TGA	
_____ LCMS or LCMSMS	
_____Low Resolution MS	
_____High Res./ Accurate Mass MS	C____H____N____O____ _____
_____ICPMS	
_____MS/MS – specify precursor	
_____Powder XRD	
_____Single Crystal XRD	

Office Use Only:
Analyst_____ Date of Analysis:_____ Instrument:_____ Conditions:_____

Notes on Run:

UB Chemistry Instrument Center
University at Buffalo, SUNY
328 Natural Sciences Complex
Buffalo, NY 14260

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Website for UBCIC