

SAMPLE ANALYSIS SUBMISSION FORM

Name:	Phone:	Date:
Full Address:	PI Authorization (sign):	
Email: (required)		
Sample identification:	Billing Account Number * (required)	
Sample Solubility: CH ₂ Cl ₂ 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 (LD ₅₀ < 50 mg/kg) Explain hazards/precautions: ___ Moderately Toxic (LD ₅₀ = 50-500 mg/kg) ___ Slightly Toxic (LD ₅₀ > 500 - 5000 mg/kg) ___ NA		
<u>Method:</u> _____ High Res. Accurate Mass MS _____ 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 _____ ICPMS _____ MS/MS – specify precursor _____ Powder XRD _____ Single Crystal XRD	Molecular Weight (using lightest isotope) Structure and Elemental Formula: C _____ H _____ N _____ O _____	
<div style="display: flex; justify-content: space-between;"> <div>Analyst _____</div> <div>Office Use Only: Date of Analysis: _____ Instrument: _____ Conditions: _____</div> </div>		
Notes on Run:		

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 328 Natural Sciences Complex
 Buffalo, NY 14260

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[Website for UBCIC](#)