

SAMPLE ANALYSIS SUBMISSION FORM

Name of Submitter:		Phone:	Date:
Full Address:		PI Authorization (sign):	
Email:			
Sample identification and amount submitted (approx.):		Billing contact email:	
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: 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...)			
<input type="checkbox"/> Highly Toxic (LD ₅₀ < 50 mg/kg)		Explain hazards/precautions:	
<input type="checkbox"/> Moderately Toxic (LD ₅₀ = 50-500 mg/kg)			
<input type="checkbox"/> Slightly Toxic (LD ₅₀ > 500 - 5000 mg/kg)			
<u>Method:</u> <input type="checkbox"/> FTIR <input type="checkbox"/> GCMS or GCMS/MS <input type="checkbox"/> UV-VIS <input type="checkbox"/> TGA <input type="checkbox"/> LCMS <input type="checkbox"/> Low Resolution MS <input type="checkbox"/> High Res./ Accurate Mass MS <input type="checkbox"/> ICPMS <input type="checkbox"/> MS/MS – specify precursor		Molecular Weight (using lightest isotope) Structure and Elemental Formula:	
<u>Ionization:</u> <input type="checkbox"/> ESI <input type="checkbox"/> MALDI <input type="checkbox"/> EI		C _____ H _____ N _____ O _____	
Analyst _____		Office Use Only: Date of Analysis: _____ Instrument: _____ Conditions: _____	
Notes on Run:			
UB Chemistry Instrument Center University at Buffalo, SUNY 328 Natural Sciences Complex Buffalo, NY 14260		email: CHE-IC@buffalo.edu Website for UBCIC	