

**U of M**

**University of Minnesota Department of Chemistry**  
**Mass Spectrometry Service Laboratory**  
 email: chmmslab@umn.edu

**Submit Sample To:** Mass Spectrometry Facility  
 207 Pleasant St. SE  
 Minneapolis, MN 55455  
 Phone: (612)-625-8099  
 FAX : (612)-626-7541

Name:		Phone:		Date:					
Email:		Email Results? Y / N		FAX Results? Y / N					
P.I./Advisor:		U of M Budget #							
Company/University:		P.O.# (For non-U of M Clients)							
Shipping Address:		Billing Address:							
Sample Label:		Molecular Weight:							
Structural Formula or Sample Composition:		Molecular Formula:							
		Melting/Boiling Point:							
		Solubility:							
		Thermal Stability:							
		Toxicity:							
Reactivity:									
<b>Chromatography Conditions:</b>		<b>Analysis Requested</b>							
		EI		CI		MALDI		ESI	
Low Resolution Nominal Mass									
High Resolution Accurate Mass									
<b>Special Sample Considerations:</b>		+Ve							
		-Ve							
		GCMS							
		LCMS							
<b>Instrument Used</b>		<b>Conditions Used</b>			<b>Operator Comments</b>				
Finnigan MAT 95		Source Temp:							
Bruker Reflex III		Acc. Voltage:							
Bruker BioTOF II		Resolution:							
Waters Triple Quad		Scan Range:							
Waters Synapt G2		Gas Used:							
Log #:		Analyst:		Analysis Date:		Analyses Run:		Total Cost:	