

Mass Spectrometry Analysis Request Form

Cleveland State University Mass Spectrometry Facility

One form for each sample. Refer to Instructions for Sample Submission

Visit <https://artsandsciences.csuohio.edu/chemistry/facilities> to download the form and the instruction

Client Information

| | Customer who submits the sample | The person who will pay the invoices |
|--------------------------|---------------------------------|--------------------------------------|
| Name | | |
| Phone | | |
| Fax | | |
| E-mail | | |
| Department and Institute | | |
| Address | | |

Sample Information

| Sample name/ID | Type of compound and source | |
|---------------------|-----------------------------|---|
| For liquid sample | For solid sample | Molecular Weight: |
| Solvent: | Weight estimated: | Chemical Formula: |
| Concentration: | Purity estimated: | Structure: attach if any (It is important to have the structural information, which will help us design experimental conditions, and give better chance to obtain good data) |
| Buffer: | With salts: | |
| Need refrigeration? | Radioactivity? Specify | Hazardous Material? Specify |

Type of Mass Spectrometry Analysis

| Type of analysis | Ionization Mode | |
|---|-----------------|--------------|
| Type of analysis (consult with facility personnel) Ionization Mode MS or MS/M | Positive (+) | Negative (-) |

For Facility Personnel

| Records (for Facility Personnel) |
|----------------------------------|
| Analysis ID# |
| Date received |
| Date reported |
| Date file names: |

Bring or ship samples to:

Dr. Eric Kipruto

Department of Chemistry, Science Building Rm SR 391A/ SI302:

Cleveland State University Cleveland, OH 44115 2351 Euclid Ave, Cleveland, OH 44115.

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