

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	Positive (+)	Negative (-)
MS or MS/M		

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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