

OSU Mass Spectrometry EXTERNAL User Request

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Date _____

Requestor Name _____

Email _____ Phone _____

PI (if not requestor) Name & Dept. _____

Email _____ Phone _____

Institution/Company Billing Information:

Name _____ PO# _____

Address _____

Email _____ Phone _____

Grant Title _____

Agency _____ Number _____

Acknowledgement: The following must be included in all manuscripts submitted for publication:

"The project described was supported, in part, the Oregon State University Research Office. The content is solely the responsibility of the authors and does not necessarily represent the official views of the OSU Mass Spectrometry Center. The authors acknowledge the OSU Mass Spectrometry Center at Oregon State University."

In the event that the manuscript is published, please send the publication citation and, if one exists, a PDF of the published article to jeff.morre@oregonstate.edu.

I agree to the above and have provided all applicable information requested:

Principal investigator signature

Date

Compound: MW _____ Formula _____ Amount _____

Sample code(s) _____ Structure

Analysis desired: EI / CI / ESI / FAB / other

Resolution: Low / High

High Res peak of interest:

Formula _____

Exact Mass _____

Volatility: High / Low

Stability: High / Low

Solubility: Acetone / MeOH / CH₂Cl₂ / H₂O

Storage: Freezer / Refrig / Room Temp Toxic?

Protein/Small Molecule: GC / GC MS / ESI (TSQ / LCT / qToF)/ MALDI _____ MS only / MRM / MS MS

Estimated Concentration _____ Sample Prep Method _____

Buffer _____ Special Requirements _____
