

TEXAS TECH UNIVERSITY

Department of Chemistry and Biochemistry

Departmental Mass Spectrometry Facility

Request date: ...../...../...

Complete date...../...../.....

**Request for HR-MS Analysis**

Your Name:.....Phone number:.....E-mail:.....

Account No.....Account Manager's Signature.....

Amount billed (\$) \_\_\_\_\_ dollars, .....dollars.

**No. of samples:** .....

**Total amount:** .....

Your sample code(s) .....

Reason HR-MS: .....

Molecular Formula: .....

Ionization Mode: **Positive** , **Negative**

Expected Mass accuracy:.....

Precision:.....

Sample Solubility:.....

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**List possible contaminants:**

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“Texas Tech University will not be liable for any loss of or damage to chemical samples or equipment delivered to Texas Tech University. The University does not grant any warranty, guarantee, or make representation, either express or implied, with respect to equipment or data provided, or its use, adequacy, sufficiency, or freedom from defect of any kind, or data’s interpretation, including freedom from infringement of trademarks, patents or copyrights that may result from the use of such data.”

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Please note below any special storage and handling instructions for the sample.

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- For analysis, please provide *ca.* 1 mg of solid or 1 mg/mL sample in Acetonitrile or Methanol in 2-mL injection type screw-cap vial.
- If solution of another concentration is provided, please specify: .....

**Pricing:**

\$30.00 per sample