

TEXAS TECH UNIVERSITY
Department of Chemistry and Biochemistry
Departmental Mass Spectrometry Facility

Request date:

Complete date.....

Request for LC-MS Analysis

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

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

Amount billed (\$) _____ dollars,dollars.

Your sample code(s):

Analysis requested:

Direct infusion, HPLC Separation; Qualitative, Quantitative

Isocratic : **MeOH** **Acetonitrile****Buffer**

Gradient.....

Method Development Requested Implies co-authorship in publication

Requested ionization technique: **ESI** , **APCI**

Sample characteristics:

Molecular structures ----->

Draw the structures here:

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List possible contaminants:

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

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- For HPLC analysis, please provide *ca.* 1 mg/mL of sample in initial (low eluting power) mobile phase in 2-mL injection type screw-cap vial.
- If higher concentration provided, please specify:

Pricing:

TTU account: \$30.00 per HPLC sample, \$20.00 direct sample infusion, \$150 per month for unlimited access with minimum 12 months commitment

If you have questions email: kaz.surowiec@ttu.edu

https://www.depts.ttu.edu/chemistry/Facilities/MassSpectrometry/Documents/LCMS_Form.pdf