



MASS SPECTROMETRY FACILITY  
 SCHOOL OF PHARMACY  
 UNIVERSITY OF CALIFORNIA  
 600 16<sup>TH</sup> STREET, GH - N472, SAN FRANCISCO, CA 94158-2517 ✧ 415-476-4893

FACILITY USE ONLY	
Date Rec'd	Sample ID:

## FEASIBILITY / SERVICE SAMPLE SUBMISSION FORM (PROJECT 318)

Date \_\_\_\_\_  
 Principal Investigator & Degree(s) \_\_\_\_\_

Other Investigator(s) & Degree(s) \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

City, State, Country \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Approx. Amount \_\_\_\_\_ MW \_\_\_\_\_ Toxicity \_\_\_\_\_ Soluble In \_\_\_\_\_  
 (if less than 1 nmol, must be approved by Facility Manager)

Storage:  Room Temp  4° Refrigerator  -20°C  -80° C  Other \_\_\_\_\_

**We charge an instrument usage fee of \$30 for internal users and \$46 for external per hour of instrument usage (e.g. one capillary UPLC MS/MS analysis). Please provide a valid DPA/Fund.**

**Financial Information** **Account Administrator**

Name of Fund \_\_\_\_\_ Name \_\_\_\_\_

DPA/Fund/FY \_\_\_\_\_ Phone & Email \_\_\_\_\_

**SHORT Sample Name – ten characters max** (Please use a unique name for each form) **Samples will be returned**

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Description of sample origin (e.g., physiological fluid, tissue, etc.) and final step of purification procedure (e.g., solvent, buffers [avoid non volatile buffers and detergents] etc.).

State what information is being sought from mass spectra and supply copy of mass spectral data already available.

Date Run	(Example) 01/01/12				
Technique/ Mode	LCMSMS				
Instrument	Velos				
Log No(s) from: to:	05 - 11				
Total Runs indicate length of each run (BSA included)	1 hr × 4	1 hr ×	1 hr ×	1 hr ×	1 hr ×
	1.5 hrs × 2	1.5 hrs ×	1.5 hrs ×	1.5 hrs ×	1.5 hrs ×
	2 hrs × 1	2 hrs ×	2 hrs ×	2 hrs ×	2 hrs ×
Total Hours (BSA included)	9 (with BSA)				
Operator	Ronde				