



Sample Submission Form- Direct MS Analysis

Client Information

Submitted by:	
Date:	
Principal Investigator:	
Company/Institution:	
Department:	
Phone Number:	
Email Address:	
Mailing Address:	

Sample Information

Number of samples:	
Mass Range	
Concentration(s):	
Solvent(s):	
Toxic? (If yes, provide precautions):	
Physical State:	
Melting Point(s) or Boiling Point(s):	

Analysis Required

Resolution: Nominal Mass (low res)
 Accurate Mass (high res)

Polarity: Positive
 Negative

Special Instructions

CMSC SIGNATURE _____

CLIENT SIGNATURE _____

CMSC USE ONLY

Received By:	
Date Received:	
Quote Given:	
System Used:	<input type="checkbox"/> QTOF <input type="checkbox"/> QSTAR <input type="checkbox"/> QTRAP <input type="checkbox"/> WATERS <input type="checkbox"/> AB2000
Date Performed:	
Date Invoiced:	