

**REQUEST FOR SAMPLE ANALYSIS**

Mass Spectrometry Lab, Washington State University,  
College of Pharmacy, Room 440, 205 E. Spokane Falls Blvd, Spokane, WA 99202

**Sample submitted by:** \_\_\_\_\_

**Faculty Project Leader (PI):** \_\_\_\_\_

**Department/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE PROVIDE THE INFORMATION REQUESTED BELOW  
SUCCESSFUL ANALYSES OF YOUR SAMPLES DEPEND UPON IT**

Draw or attach the chemical structure. Molecular mass: \_\_\_\_\_ Elemental formula: \_\_\_\_\_

**Instrument Used:**

Solid sample, amount provided: \_\_\_\_\_ Suitable solvent(s): \_\_\_\_\_

Solution sample, solvent used: \_\_\_\_\_ Analyte concentration: \_\_\_\_\_

Special storage and handling (temperature, air/light sensitive?): \_\_\_\_\_

Safety considerations (radioactive, hazardous?): \_\_\_\_\_

Sample history (purification, preparation, reagents, buffers, detergents, other compounds present): \_\_\_\_\_

**Requested Analysis:**

Ionization method, Polarity:  (+)  (--)

MS/MS  Product/daughter scan  Precursor/parent scan  Neutral loss scan for mass: \_\_\_\_\_

High resolution/accurate mass on m/z: \_\_\_\_\_ Anticipated ion formula: \_\_\_\_\_

Other: \_\_\_\_\_

Column, temperature, mobile phase, gradient, other: \_\_\_\_\_

Special requests (sample/data processing): \_\_\_\_\_

**Please acknowledge the WSU Mass Spectrometry Core in your publications**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Budget/PO Number	Service	Qty.	Rate	Amount

To be completed by Facility staff:

Date completed: \_\_\_\_\_ Operator: \_\_\_\_\_

Data file: \_\_\_\_\_

Time (hr) Probe/FIA/Infusion: \_\_\_\_\_

Column: \_\_\_\_\_ Mass Range: \_\_\_\_\_

Program/Gradient: \_\_\_\_\_ Matrix: \_\_\_\_\_

High resolution result: \_\_\_\_\_ Ionization Mode: \_\_\_\_\_

Comments: \_\_\_\_\_