



MASS SPECTROMETRY FACILITY

UCSF SCHOOL OF PHARMACY

600-16TH STREET, GH-N472

SAN FRANCISCO, CA 94158-2517 ☐ 415-476-4893

FACILITY USE ONLY	
Date Rec'd:	
Sample ID:	

SAMPLE SUBMISSION FORM

Date: _____

Project Number _____

Requested By _____

Principal Investigator _____

Phone _____

PI Signature **REQUIRED** _____

Email Address _____

Approx. Amount _____

(if less than 1 nmol, must be approved by Facility Manager)

Samples will be returned

Soluble In _____

MW _____ Toxicity _____

Storage Room Temp 4° Refrigerator -20°C -80° C
 Other _____

Sample Name (unique name for each form)

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

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

DateRun	(Example) <i>1/1/2024</i>				
Techniq/Mode	<i>LCMSMS</i>				
Instrument	<i>Velos</i>				
LogNo(s) from: to:	<i>05 - 07</i>				
TotalRuns indicatelength ofeachrun (BSAincluded)	1hr <input type="checkbox"/> <i>4</i>	1hr <input type="checkbox"/>	1hr <input type="checkbox"/>	1hr <input type="checkbox"/>	1hr <input type="checkbox"/>
	1.5hrs <input type="checkbox"/> <i>2</i>	1.5hrs <input type="checkbox"/>	1.5hrs <input type="checkbox"/>	1.5hrs <input type="checkbox"/>	1.5hrs <input type="checkbox"/>
	2hrs <input type="checkbox"/> <i>1</i>	2hrs <input type="checkbox"/>	2hrs <input type="checkbox"/>	2hrs <input type="checkbox"/>	2hrs <input type="checkbox"/>
TotalHours (BSAincluded)	<i>9 (with BSA)</i>				
Operator	<i>Name</i>				