



UNIVERSITY OF  
SOUTH FLORIDA  
DEPARTMENT OF  
C H E M I S T R Y

## Mass Spectrometry Analysis Form

Chemical Purification Analysis and Screening Core Facility  
4202 E. Fowler Ave., NES 406 - Tampa, FL 33620  
3720 Spectrum Blvd, IDR B, Suite 318 - Tampa, FL 33612

Contact: Dr. Laurent Calcul    phones: (813) 974-6031/ -0112    fax: (813) 974-3203    email: calcul@usf.edu

### Submitter Contact Information

Submitted by: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Department: \_\_\_\_\_

### Sample Structure

Draw structure of expected product(s) below.

Sam. ID : \_\_\_\_\_

Molecular Weight : \_\_\_\_\_  
(Mono Isotopic/Exact mass)

Empirical Formula : \_\_\_\_\_

Solvent : \_\_\_\_\_

Concentration : \_\_\_\_\_

Also soluble in: \_\_\_\_\_

Storage (Freezer, R.T): \_\_\_\_\_

Other components (Salts, buffers): \_\_\_\_\_

Boiling point (°C): \_\_\_\_\_

Stability issues (Temp, acid, air, etc): \_\_\_\_\_

### Analysis Information

Data Requested:

MS Analysis:     LC-MS                       GC-MS

Nominal mass:     SQ                       QqQ                      HRMS:  QToF/ToF

Ionization Source:

ESI                       APCI (SQ)                       CI                       EI                      (conc. <0.1 mg/mL)

### Payment Information

If purchasing from off campus

P.O. Number: \_\_\_\_\_

If purchasing from USF campus

Account or fund Number: \_\_\_\_\_

Primary Investigator (**Form must have P.I. signature**)

Primary Investigator Name: \_\_\_\_\_

Primary Investigator signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Facility use only) Total Charge: \_\_\_\_\_ Comments: \_\_\_\_\_