



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 MS

Nominal mass: SQ MS/MS: QqQ HRMS: QToF, TOF

Ionization technique:

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

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: _____