



**HRMSF**  
*Sample Submission form for*  
*University of Iowa Researchers*

**High Resolution Mass Spectrometry Facility**  
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Contact Information									
Date:				Phone No:					
Name:				Address:					
Advisor:				Email Address:					
Department:				Preferred Result Delivery Method (check one): <input type="checkbox"/> Pickup <input type="checkbox"/> Email <input type="checkbox"/> Intercampus Mail					
MFK Account (please complete if HRMSF does not have up-to-date billing account information)									
Fund	Org	Dept	SubDpt	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr
Sample Information									
Sample Name:					Molecular Weight:				
Sample Amount (e.g. 2mg):					Molecular Formula (e.g. C <sub>6</sub> H <sub>6</sub> ):				
Purity of Sample (%):					Return Sample (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Solubility (e.g. H <sub>2</sub> O):					Proposed Structure:				
<b>Precautions</b> (check all that apply): <input type="checkbox"/> Protect from freezing <input type="checkbox"/> Flammable <input type="checkbox"/> Hazardous <input type="checkbox"/> Poison/Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Carcinogenic and/or Mutagenic <input type="checkbox"/> Explosive <input type="checkbox"/> Oxidizer <input type="checkbox"/> Other, please specify _____		<b>Storage Requirement</b> (check all that apply): <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerator (4°C) <input type="checkbox"/> Freezer (-20°C) <input type="checkbox"/> Not Temperature Sensitive <input type="checkbox"/> Light Sensitive <input type="checkbox"/> Air Sensitive <input type="checkbox"/> Moisture Sensitive							
Sample Analysis Requested									
_____ LR-ESI <input type="checkbox"/> positive <input type="checkbox"/> negative					_____ LR-EI    _____ HR-EI*				
_____ HR-ESI    Target Mass: _____					_____ MS-MS**    Target Mass: _____				
_____ LC-MS*** <input type="checkbox"/> positive <input type="checkbox"/> negative					* requires LR-EI first (additional charge) ** discuss with HRMSF staff prior sample submission *** include column type, mobile phase, and gradient				
Conditions: _____									
do not write below this line **** HRMSF Facility Use Only **** do not write below this line									
Analyst(s):			Charge:				Logbook Page:		
Instrument/Filename(s):					Sample Workup:				