



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 ₆ H ₆):				
Purity of Sample (%):					Return Sample (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Solubility (e.g. H ₂ O):					Proposed Structure:				
Precautions (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 _____			Storage Requirement (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:				