Request for Mass Spectral Analysis

MALDI

Name: ____________________________  Room: ________  Phone: ________

Research Director: ____________________________  Date: ________________

Sample # ______________________  Cost Centre: ______________________

Structure (known or proposed)

Formula: ______________________

MW: ______________________

Toxicity or Biological Activity if known or Suspected: ______________________

NB Please submit a pure solid sample in a screw cap vial

MS File: ______________________  Date: ______________________  By: ______________________