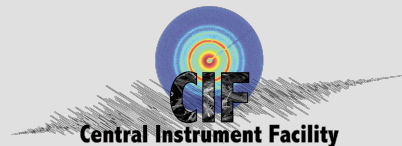


CIF Mass Spectrometry Sample Submission Form



Date:

Client/Account information

Full Name:

CSU eName:

Advisor:
(or Company)

Account #:
(or PO #)

Email:

Phone #:

Sample information

Sample IDs:

(list multiple samples for the same analysis)

Formula:

Monoisotopic mass:

Proposed Structure:
(or print out and attach to this form)

Requested Mass Accuracy:

Instrument of choice:

Other Specific Analytical Requests:
(e.g. method of choice)

Purity:

Toxicity:

Sensitive to:

Solubility/Solvent:

Concentration/Amount:

*If other, specify:
