



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

**High Resolution Mass Spectrometry Facility**  
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<http://research.uiowa.edu/vpr/units/hrmsf/>

Contact Information	
Date:	Phone No:
Name:	Address:
Company:	Email Address:
Department:	Preferred Result Delivery Method (check one): <input type="checkbox"/> USPS <input type="checkbox"/> Email <input type="checkbox"/> Fax
Purchase Order Number (or please attach PO to this form):	
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 <b>Conditions:</b> _____	* requires LR-EI first (additional charge) ** discuss with HRMSF staff prior sample submission *** include column type, mobile phase, and gradient
do not write below this line **** HRMSF Facility Use Only **** do not write below this line	
Analyst(s):	Charge:
Instrument/Filename(s):	Logbook Page:
Sample Workup:	