

**EMORY UNIVERSITY MICROCHEMICAL FACILITY  
WINSHIP CANCER INSTITUTE**

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**MASS SPECTROMETRY REQUEST FORM**

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Rm # & Bldg: \_\_\_\_\_ FAX: \_\_\_\_\_  
 PI Name: \_\_\_\_\_ Acct#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Sample Name	MW	Solvents	Concentration	Quantity (µL,µg)

**WHAT SERVICES DO YOU WANT PERFORMED:**

- (\$) MALDI-TOF-MS                            Matrix to be used: \_\_\_\_\_  
 (\$\$) SELDI-TOF-MS                        
 (\$\$ - \$\$\$) Nano-ESI-MS (QSTAR)        
 (\$\$\$) Nano-LC-MS/MS(QSTAR)        
 (\$-\$\$) TOF/TOF (MS+MS/MS)            Number of spots: \_\_\_\_\_  
 (\$\$\$\$) LC-MALDI (TOF/TOF)        
 (\$\$\$\$\$) 2D-LC-MALDI

**Wished to be**                       faxed                       emailed      regarding results.

**ALL SAMPLES WILL BE DISCARDED 3 MONTHS AFTER DATE OF REPORTING  
UNLESS PICKED UP BY CUSTOMER**

<b>\$ = 0 TO 100 DOLLARS</b>	<b>\$\$\$\$ = 500 TO 1000 DOLLARS</b>
<b>\$\$ = 100 TO 200 DOLLARS</b>	<b>\$\$\$\$\$ = 1000 + DOLLARS</b>
<b>\$\$\$ = 200 TO 500 DOLLARS</b>	