

CENTRAL ANALYTICAL LABORATORY

Department of Chemistry and Biochemistry • University of Colorado at Boulder
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REQUEST FOR MASS SPECTROMETRY SERVICE

A completed form is required for each sample submitted. Submission of this form constitutes approval for a charge to the designated account. A current schedule of fees is posted on the laboratory website.

*All results will be sent via email when the analysis is complete.

Name: _____ Email: _____ Sample designation: _____

Principal Investigator: _____ Speedtype: _____ Date: _____

Sample Information

Structure and/or peptide sequence:

Molecular formula: _____

Molecular weight: _____

*For protein analysis, email an electronic copy of the full protein sequence including any tags and linker sequences.

Purity:

☐ Crude ☐ Semi-crude ☐ Pure

Solubility:

☐ CH₃OH ☐ ACN ☐ H₂O ☐ DCM
☐ Other: _____

Avoid:

☐ Acid ☐ Base ☐ Other: _____

Safety Precautions:

☐ Toxic ☐ Carcinogen ☐ Irritant ☐ Biohazard
☐ Explosive ☐ Other: _____

Analysis Request

☐ HRMS ESI+* ☐ HRMS ESI-* ☐ HRMS Small molecule LCMS ☐ Intact Protein MW Determination
☐ MALDI+* ☐ MALDI-* ☐ Low resolution GCMS** ☐ Low resolution UV-Vis + LCMS**
☐ Orbitrap LCMS ☐ HXMS ☐ Other: _____

*Each polarity is billed independently

**Attach chromatogram, list desired gradient conditions (temperature, wavelengths, etc.) as appropriate

Samples should be submitted in small, screw-top vials with Teflon-lined caps or tightly sealed Eppendorf tubes.

Attach labeled sample vial here

Sample is in ☐ Refrigerator ☐ Freezer

For CAL use:

Filename(s):

Analysis completed:

ESI+ ESI- MALDI+ MALDI- LCMS GCMS Orbitrap

Accurate mass:

Matrix/Solvent(s):

α -CHCA SA DHB THAP CH₃OH ACN CHCl₃ CH₂Cl₂
Other:

Time:

Charge: