

LC/MS SUBMITTAL FORM

Internal user only

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Name _____ E-mail: _____ Date: _____

Research adviser: _____ Account to be charged: _____

Sample name: _____ Sample name abbreviation: _____

Sample type: biological organic inorganic

Solvents to dissolve: _____

If sample is in solution list solvent: _____

Approximate amount or concentration of the sample: _____

Possible contaminants: _____

Sample handling (e.g. store in freezer, etc.): _____

Expected molecular weight: _____

Proposed molecular formula and structure if available:

Sample injection method: Infusion LC

LC mobile phases (including buffers, additives, and gradient):

Sample ionization source: ESI APCI Nano-spray

MS experiment: MS MS/MS (CID ETD