

Mass Spectrometry Sample Analysis Form

University of Kentucky
 Mass Spectrometry Facility
 A048 ASTeCC
 Lexington, KY 40506-0286
 www.research.uky.edu/ukmsf



Bert Lynn, PhD Director
 (859) 218-6529
 Laboratory (859) 218-6527

Investigator Information

Name: _____	e-mail: _____
Professor / Advisor: _____	10-digit Acct.# : _____
Department: _____	
Address: _____	Phone: _____

Sample Information

Sample ID: _____	Elemental formula: _____
Amt. /Solvent//soluble in: _____	Special handling / storage: _____
Structure / Source / Reaction: _____ Protein ID Taxonomy: _____	

Analysis Information

Analysis requested / problem to solve: _____			
Ionization:	EI	MALDI	ESI
Mode:	POS	NEG	
Sample introduction:	Direct	GC	LC

For Facility use

Instrument	Ionization	Date	File
POLARIS-Q			
GC-MS			
LTQ			
ULTRAFLEX			
EXACTIVE			
JEOL			
Comments			

Date Received: _____	Date Completed: _____	UKMSF#: _____
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