

## LC/MS Request Form

Date:		Return Sample? (circle one)	Yes      No
Research Professor:		Submitters Name:	

### Sample Information:

Sample Name:	
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Paste Structure Below, Attach structures on additional page if necessary

Molecular Formula:	
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Molecular Weight:	
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Sample Stability: (circle or check answer)	Light Sensitive?	<b>Yes</b>	Temperature Sensitive?	<b>Yes</b>	pH Sensitive?	<b>Yes</b>	OK to Sonicate?	<b>Yes</b>	
		<b>No</b>		<b>No</b>		<b>No</b>		<b>No</b>	

Sample Solubility: (Circle appropriate solvents)	<b>Methanol</b>	<b>Acetonitrile</b>	<b>Water</b>	<b>DMSO</b>	<b>THF</b>	<b>Other, specify below</b>
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Sample Form: (Circle appropriate form)	<b>Neat</b>	<b>Oil</b>	<b>Solution</b> , if so what solvent is it in. Specify below
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Additional Comments:	
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### Scheduling

(To be completed by MS Analyst)

Date Analyzed:		Comments:
Analyst:		
Laboratory:		