## ESI-MS Analysis Request Form

I hereby request the following analysis.

I will comply with the applicable rules for the handling of analysis results.

Application number			
User	Affiliation		Faculty / Division, Program / College
	Job Title or Grade		
	Name		
	Extension No. or TEL		
	Email Address		.tsukuba.ac.jp
Supervisor (who will cover equipment usage fees)	Affiliation		Faculty / Division
	Job Title	;	
	Name		
	Extensio	n No. or TEL	
	Email Address		.tsukuba.ac.jp

ļ	Samples			
	Date of Analysis Results Received	( month / day / year )	Received by: (Signature)	

[Instructions on how to complete the form]

Total Number of

- 1. Use an abbreviation for the year, such as D3, M2 or B4.
- 2. Provide the phone number of the laboratory (the on-campus extension number).
- 3. Prepare 5mL(0.1 to 10 ug/mL) of solution sample or 1 mg of solid sample for each measurement. Furthermore put the sample number (a 5-digit number) and your name on each sample.
- 4. Fill out the form "exhibit: List of Sample" and provide with the samples.
- 5. A solid sample should be provided in a powder form. The sample should be completely dried with particular care before being provided. It should be stored at room temperature unless otherwise noted.
- 6. Provide the name of all of the elements contained in the sample for the purpose of the maintenance of the analyzer.
- 7. The request may not be accepted if the information provided is incomplete.
- 8. The confidentiality of data, such as the structure and analysis value of the sample, will be strictly maintained.

( month / day / year )

## List of Sample (ESI-MS)

Application number		* Provid	de the same application numb	er as Request Form
			Total number of sampl	es:
Sample Number (5-digits) * Write a unique number to each sample	Molecular Formula		Molecular Weight	Request Status

Date of Request Received	( month / day / year )	Checked by	
Date of Analysis	( month / day / year )	Analyzed by	