## Mass Spectrometry Core Lab Biomolecular Mass Spectrometry

Department of Pharmacology & Toxicology

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Analysis Request / Data Sheet (Print this form and submit with each sample or batch of samples)

## PLEASE FILL OUT ALL FIELDS MARKED BY \*asterisk\*

*Name (Submitting Investigator)		
Principal Investigator		
*PhoneFA	FAX:email:	
*Account to be billed	Center/institute to b	e billed
Sample Description		
*ID / Label Description		
Date Received	Date promised	or ASARP
Solvent / Salts/ Buffer / Surfactant:	or Solubility in	(solvent)
Quantity: Mass	Volume	Conc
Return sample? Yes No Sample form: Solid Solutio  *Does this sample contain any ra	(sample will NOT be returned if unson Digest Gel Band/Spadioactive isotopes? Yes nemical form, sample history – discuss with I ula (if known) PURPOSE of	ot Stain No Initial
DATA: send raw data to : send summarized data analysis to send formal written report to : Notes:		file CD/DVD JAZ ZIP

Please complete this page and submit with each sample or group of samples. Items marked with \* must be completed.

## This section for laboratory use only

PREP REQUIRED  Reduce and alkylate  Digest  Zip IMAC Spot  Thin film  Other	SAMPLE INTRODUCTION: Microflow flow injection nanoflow nanospray HPLC MALDI	HPLC Separation Solvents A:  B: Column: Flow/Gradient:; Chromatogram enclosed? Literature reference?
ESI pos ESI neg APcI pos APcI neg MALDI a-CHCA DHB best  Polarity: Positive Negative +/-	NOTES:	Scanning & Acquisition  MS single Q m/z range