

High Resolution Mass Spectrometry Sample Submission Form



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

WAIKATO MASS SPECTROMETRY FACILITY

CUSTOMER DETAILS

Name:	Organisation:
Phone:	Email:
Fax:	Purchase Order #:
Billing Address:	Address to send results:

SAMPLE DETAILS

Date sample was sent / submitted:	
Sample ID:	Weight supplied:
Mass range of interest:	Ion mode required: Positive / Negative
Solvents sample soluble in:	
Hazardous sample: Yes / No	Return sample: Yes / No
Molecular Formula and Structure:	

Comments:

Date sample received:	Date sample run:
-----------------------	------------------

For more information contact: Pat Gread Phone: 07 838 4388 Fax 07 838 467J Email: p.gread@waikato.ac.nz	Postal Address: Pat Gread Waikato Mass Spectrometry Facility Chemistry Department, University of Waikato Private Bag 3105, Hamilton, 3201 New Zealand	Courier Address: Pat Gread Waikato Mass Spectrometry Facility Science Store, University of Waikato Gate 8, Hillcrest Rd, Hamilton, New Zealand
----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------