

# 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:
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