

High Resolution Mass Spectrometry Sample Submission Form



THE UNIVERSITY OF
WAIKATO
Tē 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:

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