



REQUEST FOR SAMPLE ANALYSIS BY EXTERNAL USER
UNIVERSITY OF NORTH TEXAS –BIOANALYTICAL FACILITY (BAF)
 Room 150, Science Research Building, Denton, TX 76201
 Phone: (940)-369-5233
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 Hours of Operation: 8:00-5:00 p.m, Monday-Friday.

Please fill out this request form and have it signed prior to submission.

CONTACT INFORMATION:

Sample submitted by: _____ Principal Investigator: _____
 Telephone: _____ Email address (from submitter): _____
 Dept/Address: _____

BILLING INFORMATION:

PO Number: _____
 Authorized Signature (REQUIRED): _____ Title: _____

PLEASE NOTE: WE CANNOT ACCEPT RADIOACTIVE MATERIALS

Sample information:

Dry sample: Amount provided: _____ Suitable resuspension solvent: _____
 Liquid sample: Solvent used: _____ Concentration: _____
 Storage and special handling (temperature, light sensitivity...): _____
 Sample history (purification, preparation...): _____

Requested Analysis:

Metabolomics	Stable Isotope Labeling	Macromolecules
Run by User	Run by Staff (column and supplies from user)	Run by Staff (column and supplies from BAF)

Number of samples: _____

Instrument(s):

LC-MS/MS GC-MS

If LC-MS/MS is checked:

Direct Infusion (MS)	and/or	LC-MS/MS Injection	
Ionization method:	Positive	Negative	ESI APCI I need advice

If GC-MS is checked:

Liquid Injection	Headspace Injection	SPME Injection	I need advice
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Additional Sample Comments: _____

To be completed by BAF staff:

Sample ID #: _____ Date completed: _____ Data File #: _____
 Time (hr): _____ Column used: _____
 Comments: _____
