



REQUEST FOR SAMPLE ANALYSIS BY INTERNAL USER
UNIVERSITY OF NORTH TEXAS –BIOANALYTICAL FACILITY (BAF)
Room 150, Science Research Building, Denton, TX 76201
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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:

Organization Department	Fund Category	Fund	Function	PC Business Unit	Project ID	Activity	Program	Purpose	Site

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

Additional Sample Comments: _____

To be completed by BAF staff:

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