



Mass Spectrometry Service (LC-MS) Project Based Request Form

User Information	
User name: _____	User E-mail: _____
Tel no: _____	User's signature: _____
Department or school: _____	
Supervisor's name: _____	Supervisor's signature*: _____

- **Further charges will be included if user's samples contaminated the system (require extensive washing to clean the instrument)**

* Please fill in if 30 samples (or more) are submitted at once.

Sample Information
Specify sample origin: _____
Sample storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C
Biohazard sample: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> LC-MSⁿ
Gradient provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Concentration (in solution): _____ pH: _____
Sample injection amount: _____
Solvent/buffer composition: _____
Database: <input type="checkbox"/> NCBIInr <input type="checkbox"/> SwissProt <input type="checkbox"/> Others (pls specify): _____

Note: Please acknowledge Biosciences Central Research Facility HKUST in resulted publications

For office use only	
Ref. no.: _____	
Sample processing date: _____	Sample submission date: _____
Report delivery date: _____	
Service charge: _____	
Consumables: _____	Price: _____
Remark: _____	



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No.	Sample Name	No.	Sample Name
1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
10		35	
11		36	
12		37	
13		38	
14		39	
15		40	
16		41	
17		42	
18		43	
19		44	
20		45	
21		46	
22		47	
23		48	
24		49	
25		50	