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ANALYSIS REQUEST FORM LC-MS

Please fill in the blank fields

User Data					
Date:			Name:		
Email:			Teléfono:		
Main Researcher:			Department:		
Center/Company:			Mailing Address:		
VAT number:					
Project Type (European H2020, PN, Others):					
Project Reference:					
Analysis Type and Sample Data					
PLEASE NOTE: CONSULTATION OF THE COMPATIBILITY DOCUMENT FOR MEDIA, COMPONENTS, AND PERMITTED SOLVENTS IS MANDATORY PRIOR TO SAMPLE SUBMISSION					
Sample Type (Lipids, Carbohydrates, Polymers...)					
Soluble in:			Conservation Temperature:		
Type of Analysis		Quantitative (Indicate Autonomous/Assisted)		Qualitative (Indicate Autonomous/Assisted)	
Vial	Sample Name	Sample Quantity/Concentration	Molecular Mass	Molecular Formula	Functional Groups or Structure
Other relevant information:					
Facility Observations:					

Researcher Signature: _____