**REQUEST FOR SERVICES FORM**

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| **SERVICE CENTER INFORMATION** | | | | |
| Service center name: | | ECU Mass Spectrometry Service Center | | |
| Location: | | Science and Technology Building, 453/454 | | |
| Contact information: | | Nicholas Schaaf, schaafn19@ecu.edu | | |
| **USER INFORMATION** | | | | |
| Date of request: | |  | | |
| Name: | |  | | |
| Department: | |  | | |
| Contact address: | |  | | |
| Contact phone: | |  | | |
| Contact fax: | |  | | |
| Administrative contact: | |  | | |
| **BILLING INFORMATION** | | | | |
| **Internal to the University** | |  | | |
| FOAP to be charged: | |  | | |
| Type of funding: | |  | | |
| Federal grant or contract: | | Yes No | | |
| **External to the University** | |  | | |
| Method of payment: | |  | | |
| Federal grant or contract: | | Yes No | | |
| **CERTIFICATIONS** | | | | |
| Signature of person requesting services: | |  | | |
| Signature of Department Head verifying that no conflict of interest or external professional activity for pay was identified: | |  | | |
| **SERVICES REQUESTED** | | | | |
| Description of services requested: | | | | |
| Requested date of completion of services: | | | | |
| Quantity | Description | | Rate ($$) | Total ($$) |
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Rates charged will be based upon a published schedule of billing rates (See price list).

Payment will be due upon completion of services provided.

Please answer the questions below as applicable.

Note that some questions below may require consultation with the facility director for completion.

Please read and follow the guidelines for LC-MS (ESI) analysis.

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| **SAMPLE INFORMATION** |
| Sample Type/Identifier: |
| Number of Samples: |
| Sample Content: [ ] Pure Sample/One component [ ] Mixture/crude |
| Sample Matrix: |
| Exact mass of analytes or mass range: |
| Concentration: |
| Solvent/Solubility: |
| Handling/Storage: |
| Specialized sample preparation (Solid phase extraction, Liquid extraction, etc.): |
| Proposed Structure/Ionization mode: |