Services Request Form

Shimadzu Center for Advanced Analytical Chemistry (SCAAC) at U.T. Arlington
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SHIMADZU CENTER FOR ADVANCED ANALYTICAL CHEMISTRY

SCAAC REQUEST FOR SERVICE

A completed form is required for each sample submitted. Submission of this form constitutes approval for a charge to the designated account. A current schedule of fees is posted in the laboratory website: http://www.uta.edu/sirt/scaac/.

Name: _____ Email: _____ Phone: _____

Research Advisor / Company Name: _____ Date: _____

Sample Code: _____ SCAAC Sample ID: _____ Recieved By: _____

DESCRIPTION OF SAMPLE

Structure:

Molecular Formula:

Molecular Weight (Daltons):

Purity: ○ Crude ○ Simi-Crude ○ Pure

Solubility: ○ CH_3OH ○ CH_3CN ○ THF ○ CH_2CL_2 ○ H_2O ○ $CHCL_3$

Other (specify):

ANALYSIS REQUEST

ATTACH SAMPLE HERE:

- ○ APCI - MS
- ○ ESI - MS
- ○ FT - IR
- ○ GPC
- ○ TGA / DSC
- ○ ICP - OES
- ○ MALDI - TOF
- ○ MS/MS, MS^N
- ○ GC - EI - MS
- ○ GC - CI - MS
- ○ LCMS (HR - MS)
- ○ LCMS (ESI - MS OR APCI - MS)
- ○ HR - MS (ESI - MS OR APCI - MS)

Storage Conditions:

Other Comments / Requests