

Application for Triad Mass Spectrometry Facility Training



Triad Mass Spectrometry Facility
University of North Carolina at Greensboro
301 McIver Street
346 Sullivan Science Building
<http://triadmaslab.uncg.edu>

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Name of Trainee: _____

Email Address: _____

Year: _____

Institution: _____

Department: _____

Principle Investigator: _____

Project Title: _____

Schedule Availability – Please note all times that you are **NOT** available.

	Mo	Tu	We	Th	Fr
9 am					
10 am					
11 am					
12 pm					
1 pm					
2 pm					
3 pm					
4 pm					

Brief Project Description (include potential analyte(s) of interest and instrumentation requirements):

Project Timeline

Start Date: _____

End Date: _____

Signature of Trainee

Signature of PI