



Triad Mass Spectrometry Facility
University of North Carolina at Greensboro
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Researcher Information

Name _____

Department _____

Phone _____

Email _____

Billing information

Name/Grant# _____

Address _____

City _____

State _____

Zip _____

Sample Information

Desired outcome of analysis: _____

Sample Label: _____

Sample Return Requested: Yes No

Molecular Formula: _____

Quantity/Concentration: _____

Structure: _____

Methanol Soluble: Yes No (List Suitable Solvents)

Sample Purity: _____

List Stability Concerns: _____

Additional Sample Information: _____

Analysis Type: High Resolution LC-MS (**default**) High Resolution MS High Resolution MSⁿ
 Low Resolution LC-MS Low Resolution MS Low Resolution MSⁿ GC-MS

Facility Use Only

Analyst: _____

Date: _____

File Name: _____

Notes: _____

Ion Identified: _____

Calculated *m/z*: _____

Measured *m/z*: _____

Ionization Method: _____