**LC-MS Sample Submission Form**

**(Email the form to valcmslab@gmail.com)**

|  |  |
| --- | --- |
| **Date** |  |
| **Name** |  |
| **Email** |  |
| **Phone** |  |
| **PI** |  |
| **Department** |  |
| **Account#/Index No** |  |
| **Institution if not VCU** |  |
| **Mailing Address** |  |

**Total sample number:**

**(**Please attached detailed sample list to this form**)**

**Sample types: [ ] Plasma, [ ] Serum, [ ] Liver, [ ] Fecal, [ ] Intestine content, [ ] Cell line**

**Types of species: [ ] Human, [ ] Mouse, [ ] Rat, [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_**

**Special handling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Light sensitive? [ ] Yes [ ] No**

**Sample Details Below:** *(Include structure, Mol. Formula, sample id, any potential impurities if applicable)*