

Peptide Synthesis Core Drop-Off Sample Information Sheet

Researcher Name: _____ Lab/PI Name: _____

Time: _____ Date: _____ Circle one: LCMS MS

Mode (circle one): Positive Negative pH (circle one): acidic basic Special method requests: _____

Sample Name	Vial Label (if different)	Expected Molecular Weight (g/mol)	Notes (sample storage conditions, amount provided, solubility, concentration, etc.)	Save Sample? (Y/N)

(continue on back of page as needed)

Additional Notes:

Preferred email for results: _____ Chartstring to bill: _____