

Mass Spectrometry Imaging Facility Sample Submission

UT Austin Department of Chemistry

All Samples Must Be Pre-Approved by Facility Staff Prior to Submission

All Samples Must Conform to BSL2 Guidelines

Name _____

PI Name _____

Email _____

Department _____

UT Account # _____

Date _____

Sample Information

Type of sample Tissue Cells Biofluid

Organ/Fluid site _____

Number of samples _____

Preservation Frozen FFPE Samples Other (please specify) _____

Samples returned yes no

Type of Analysis (if unsure, please leave unchecked)

MALDI Imaging

Histology-Guided MS Profiling

Biofluid Profiling

UVPD

Data analysis – *please discuss specific needs with facility staff*

Any presentation or grant deadlines _____

Additional Notes:

Please attach a sample inventory form that includes at minimum sample identifiers, species, organ/fluid site, diagnostic/analysis group