UNIVERSITY OF PITTSBURGH
SMALL MOLECULE BIOMARKER CORE
[http://biomarkers.pitt.edu/]

REQUEST FORM

Contact Information

Send completed forms and direct any questions to:

M. Beth Minnigh, Ph.D.
mam212@pitt.edu
Phone: 412-648-9854 Fax: 412-383-7436

Service Requested:

- ☐ Service #1: Instrumental analysis only (w/o preparation)
- ☐ Service #2: Sample preparation and analysis
- ☐ Service #3: New assay development

User Information:

Principal Investigator

Name:_____ Date: _____

Contact name:_____

Phone number: (___)_____ Approved IACUC protocol #:_____

Email:_____ Approved IRB protocol#:_____

Name of Project:_____

University account # or Purchase Order #:_____

Sample Information:

Number of samples to be analyzed:

Anticipated date of when samples will be ready for analysis:

List all compounds to be analyzed in each sample:

Compound Name:	CAS#:	MW:

Internal Standard (IS): CAS#: MW:

_____ _____ _____

_____ _____ _____

List MW of any known breakdown fragments of compound using MS/MS:

Sample type:

☐ Blood ☐ Plasma ☐ Serum ☐ Urine ☐ Animal tissue ☐ Human tissue

☐ Other _____

Sample volume:

Sample concentrations (ng/ml):

Limit of detection required (ng/ml):

Method of Sample preparation (if known/required): (Please describe in detail any extraction procedures, reconstitution solutions used, etc. The use of inappropriate buffers and/or nonvolatile solutions may result in incomplete sample analysis. Avoid solvents with high boiling points (DMSO), salts, and detergents in sample preparation.)

LC/MS Conditions (if known):

Column:_____

Mobile phases used:

Gradient conditions:

Time	%A	%B	%C	%D	Flow rate, ul/min

MS Parameters (i.e. cone voltage, probe temp.):

References:

Please supply any references (i.e. papers, method development, product information sheets) and chromatograms from previous analyses for compounds to be analyzed.