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Sample Submission Form

Submitted by:				Email:				Date:		
Organization:				Tel:				Fax:		
Mailing Address:						PO #:				
						Molecular	Formula (optional)		
Sample ID	MW or M	lwavg	Sample ID	MW or M	1wavg	Molecular	Structure	(optional)		
						1				
						1				
Sample Toxic	ity Level:			☐ Highly Tox	кic	☐ Toxic		□ Safe		
Sample Quantity						Suitable Solvent				
For Solid (>50	Oug)									Other
	□ mg	□ug		☐ H2O		☐ MeOH	☐ CHCl3	☐ Acetone	☐ DMSO	
For Liquid (>	50ul at cor	nc. >=1	00ug/ml)					Possible Ca	ation (K+,	Na+, etc)
Concentration: Volume:			Solve		Solvent:					
Analysis Requ	uest		Scan Mode	Required						
☐ Electrospray		☐ Positive		☐ Negative	legative \square Both					
☐ Maldi-TOF		☐ Positive		☐ Negative	e □ Both		-			
□ LCMS		☐ Positive		☐ Negative	□ Both					
□ HRMS		☐ Posi	tive	☐ Negative	□ Во	th	_			
☐ GCMS		Unknown Profilin		g □ Qu		antification		☐ Residual Solvent Test		
□ LCMSMS										
Other Reque	st (PK stuc	ly, Pro	teomics, M	etabolomi	cs, Cu	stom Purifi	cations, et	c)		_
Control ID:			File Name:				Solvent Used:			
AxisPharm A	nalytical S	ervice	_							
ESI:	\$65/samp					HRMS:	\$105/Sam			
LC-MS:			\$100/Samı		meth	od	GCMS:	\$110-150/	Sample	
LC-HRMS:			165/Sampl							
Maldi-TOF:			\$95/sampl							
Cusomized LCMS: \$180 for method adoption \$10/min with minimal \$100/run										