

## MALDI-TOF/MS 依賴書

# Application Form for MALDI-TOF/MS

No.

太線の枠内をすべて記入してください。(日本語、英語どちらでも結構です。) Please fill all items in the thick frames ( Japanese or English )

Submitted date:		Received date:	
Division:		Name:	
Lab.(Ext.):		E-mail:	
Sample Name:		Staff Name:	
Tuning Mode: Linear, Reflectron Mode: Pos., Neg		Mass-Range: m/z ~ m/z Data type: Profile-spectra	
*Conc.:            μg/ml (       pmol/μl) *Amount:          mg *m.p.:             °C *Solubility: Methanol, Water, THF, Acetone, CH <sub>3</sub> CN, DMF, CHCl <sub>3</sub> , Other (                                      ) *Matrix: DCTB, Dithranol, α-CHCA, DHB, SA, Other (                                      )		*Desalting of samples  *Comments:	
Possible Structure			
Mol. Formula:		Mol. Weight:	
Condition:		Memo	
Calibration sample:			
Calibration file name:			
Calcurate: Monoisotopic, Average, Most Abundant			
P.Ext:			
Smoothing:			
Power:			
Instrument: AXIMA-CFR ( Shimadzu Kratos )			
Operator:		Measured date:	