

# 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*