REQUEST FORM FOR MS FACILITY TRAINING

1. Complete the request form for MS training and return it to the MSL staff. You are STRONGLY encouraged NOT to start training until you plan to routinely use the spectrometer for research.

2. You must have at least one training session with MS LAB staff before you can start booking the MS.

Section A:

☐ ONLY Update Personal Information Or

Please tick the training that you require | Time Cost | Training Date | Remarks
---|---|---|---
1) LC/MS** | [ ] | 3 to 6 hours |
2) ESI (Thermo LCQ) | [ ] | 3 hours |
3) ESI (Bruker Amazon)* | [ ] | 1 hour |
4) GCMS** | [ ] | 1 hour |
5) MALDI | [ ] | 1 hour |
6) MALDI Imaging | [ ] | 1 hour |
7) Autosorb iQ | [ ] | 1 hour |

* Need be trained ESI (Thermo LCQ) first
** When your sample is ready, contact with MS Lab staff to arrange training schedule.
Training request will be auto cancelled after 60 days from submit date.

Section B:

Requestor’s Name: __________________________ Contact No.: __________________________
E-mail address: __________________________
(If you are NUS student please fill by “e????????@u.nus.edu” or NUS staff “chm*@nus.edu.sg”)

Status: Student (Honours / UROPS / Master / PhD) Staff (Research Assistant / Post-doc / Visiting Scholar) Others: __________________________
Passed safety test: ☐Yes ☐No Experiment Risk Assessment: ☐Submitted

Please tick the time that you are available for training (Where possible, please tick more than one time)

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Section C:

Supervisor Name: __________________________

Supervisor Signature: __________________________

Date of Submit: __________________________

For official use:

Remarks: __________________________

MS training form.doc