



UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Sample Submission Form to Metabolomics Lab

Metabolomics Lab, Roy J. Carver Biotechnology Center

Rm 264 Burrill Hall

407 S. Goodwin Ave, Urbana, IL 61801

Ph: 217-333-5939

User Name: _____ Lab Phone: _____

Email: _____

PI (professor) Name: _____ Department: _____

FOPAL (account number): _____

Sample Name: _____ Submission Date: _____

Sample Origin (plant tissue<leaves/roots, etc.>; biological fluids <mouse/dog/cat/pig, etc.> <whole blood/plasma/serum/urine>; cells <cell type>; cell media <specify the major components including buffer>, or others):

Service Type (metabolite profiling, qualitative or quantitative analysis):

Chemical structure including formula (for qualitative/quantitative analysis on specific compound(s)):

Expected concentration range (for quantitative analysis, nM, μ M, or mM):