MASS SPECTROMETRY FACILITY
DEPARTMENT OF PHARMACEUTICAL CHEMISTRY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, CA 94158-2517

APPLICATION FOR RESEARCH PROJECT APPROVAL

Before completing this form initial contact should be made with the facility director A.L. Burlingame (alb@cgl.ucsf.edu) to discuss your research project and what preliminary work is necessary to determine feasibility of your project.

Fees: Fund Authorization Form (Internal/Affiliate Users) / User Fee Agreement Form (External Users)

You will be charged a user fee according to the fee schedule below. **Internal/Affiliate users** must complete a *Fund Authorization Form* (internal and recognized affiliate users are funded by UC sources and provide a valid UCSF fund and Speedtype information for payment). **External users** must contact the Facility (msf@ucsf.edu) or Mark Burlingame (mark.burlingame@ucsf.edu) to be set up (external users are funded by non-UC sources and charged via invoice and pay via ACH/wire or check). Please complete the appropriate attached form.

Fee Schedule:
Internal/Affiliate Rate: $59.42/per hour
External Rate: $167.03/per hour

Submission of Samples:

- After your research project is approved you will receive notification of your assigned project number via email. **Each project** must have its own project number that must be entered on each sample submission form.
- A *Sample Submission Form* must be completed for **all** samples submitted. These forms may be obtained at: http://msf.ucsf.edu/projects.html or at the address below. **The signature of the Research Director is required on each sample submission form.**
- Contact the lab manager, Mark Burlingame (mark.burlingame@ucsf.edu) regarding information sought, preparation, the amount of sample, and submission tubes.
- All samples **must** have labels bearing, **project number, requester name, and sample name** (code names are desirable if chemical name is lengthy). Mail or drop off samples and sample submission forms to the address below. If you wish to submit more than 10 samples at one time please notify the facility for authorization *before* submitting samples.

Mandatory Funding Acknowledgement

- **It is your responsibility to acknowledge data provided by this Facility**. Contact the Facility for grant acknowledgement information.
- Send a completed signed copy of the project application form via email to the Facility (msf@ucsf.edu).

Mass Spectrometry Facility
University of California, San Francisco
600 16th street, Genentech Hall, Room N474, Box 2240
San Francisco, CA 94143-2517
www.msf.ucsf.edu

FOR FACILITY USE ONLY

Principal Investigator:

(last name & initials) Project No

PROJECT DESCRIPTION AND INVESTIGATORS

PROJECT TITLE: Use a descriptive title of **80 or fewer characters (including spaces)**. Avoid the use of *a, an, the, study of, investigation of, role of, evaluation of, research on/in* at the beginning of the title.

AIDS RELATED? YES ☐ NO ☐

ABSTRACT: Provide a brief summary description of the study in layperson's language including background, rationale for the project, study question(s), design, study population (if applicable), and outcome measures. Address how the UCSF Mass Spectrometry Facility will assist in obtaining your research goals. It may be up to 250 words**. Abstracts should not contain proprietary and/or confidential information**.

Signature of Principal Investigator: _____ **Date:** _____

NOTE: When mass spectral data subsequently used in publications, please acknowledge UCSF Mass Spectrometry Facility (A.L. Burlingame, Director) and indicate supporting grant(s) per the funding agency and grant number(s). Contact Facility for grant acknowledgement information at msf@ucsf.edu.

PROJECT INVESTIGATORS: Please provide information about **ALL** investigators involved in this project.

Principal Investigator Name and Degree(s): Institution and Department: Address: Telephone and E-Mail Address:
Investigator 2: Name & Degree(s): Institution & Department: Address: Telephone & E-Mail Address:
Investigator 3: Name & Degree(s): Institution & Department: Address: Telephone & E-Mail Address:
Investigator 4: Name & Degree(s): Institution & Department: Address: Telephone & E-Mail Address:
Investigator 5: Name & Degree(s): Institution & Department: Address: Telephone & E-Mail Address:
Investigator 6: Name & Degree(s): Institution & Department: Address: Telephone & E-Mail Address:
Investigator 7: Name & Degree(s): Institution & Department: Address: Telephone & E-Mail Address:

SOURCES OF FINANCIAL SUPPORT: Provide sources of support for the **Principal Investigator** and **ALL** other investigators directly **related to the research project(s)** supported by the Mass Spectrometry Facility. Please follow NIH Other Support guidelines.

Principal Investigator Support: Source/Type: Grant/Contract number: Total Funds (direct and indirect): $
Name of Investigator: Source/Type: Grant/Contract number: Total Funds (direct and indirect): $
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UCSF MASS SPECTROMETRY FACILITY
FUND AUTHORIZATION FORM

600 16TH STREET, GENENTECH HALL, ROOM N474, BOX 2240
SAN FRANCISCO, CA 94143-2517 ✧ msf@ucsf.edu

Principal Investigator _____

Department _____

Address & Box# _____

Phone _____

Email Address _____

Project Number(s) _____

UCSF Fund Information

Fund Name _____

Grant # _____

FUND (4-digits) ___ ___ ___ ___

Dept ID (6-digits) ___ ___ ___ ___ ___ ___

Project (7-digits) ___ ___ ___ ___ ___ ___ ___

Activity (2-digits) ___ ___ **Function** (2-digits) ___ ___

Speedtype _____

Account Administrator

Name: _____

Phone & Email Address: _____

Billing Information (External Users Only)

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

Purchase Order Number: _____

Additional Users:

User 1 - Name _____

Phone _____

Email _____

User 2 - Name _____

Phone _____

Email _____

User 3- Name _____

Phone _____

Email _____

User 4 - Name _____

Phone _____

Email _____

Authorized Signature _____ **Date:** _____

Please submit via email to the Facility (msf@ucsf.edu) or Mark Burlingame (mark.burlingame@ucsf.edu).