

The Centre for Biological Applications of Mass Spectrometry (CBAMS)

Training Request Form

SP 180.20, Department of Chemistry and Biochemistry
Concordia University, 7141 Sherbrooke Street West, Montréal, Québec, Canada, H4B 1R6
Telephone: (514) 848-2424 ex. 5303
Website: <http://www.concordia.ca/research/mass-spec.html>

Section 1: Trainee information

Date: 20____/____/____

Trainee name: _____ Department: _____

Phone: _____ Room: _____ Email: _____

Program: PDF PhD MSc Expected completion date: 20____/____

Have you completed CHEM494 or equivalent? Yes No

Do you have previous practical training in MS? Yes No

What is your anticipated use of CBAMS MS per year? High (>250 h) Medium (25-250 h) Low (<25 h)

Reasons for training: _____

Signature of trainee: _____ on 20____/____/____

Section 2: Desired training

MS: Thermo LTQ Orbitrap Velos Waters Q-ToF Ultima™ API

LC: Agilent HPLC Thermo Easy-nLC N/A

Sample preparation (please specify): _____

Data interpretation (please specify): _____

Section 3: Supervisor consent

Supervisor: _____ Department: _____

*Supervisor agrees to pay for training: Yes No

**Supervisor agrees to pay CBAMS rates: Yes No

Signature of research supervisor: _____ on 20____/____/____

*Please note that the supervisor will have to sign the form before training begins.

**Rates are posted on CBAMS' website.

Heavy users of CBAMS are charged with lower rates.

Recommendation of CBAMS staff:

Signature of CBAMS staff member: _____ on 20____/____/____