



University of Zurich
Department of Chemistry

Client Registration Form for MS-Service

Last Name	
First Name	
Phone	
Email (XYZ@chem.uzh.ch or XYZ@uzh.ch)	
Research Group	
Address (for people outside the Dept of Chemistry)	

Please, bring your registration in the **MS-lab 12E71** and wait for the email allowing the confirmation of your registration. Thank you.