CENTRAL ANALYTICAL LABORATORY

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Ekeley E266

REQUEST FOR MASS SPECTROMETRY SERVICE

A completed form is required for each sample submitted.
Submission of this form constitutes approval for a charge to the designated account. A current schedule of fees is posted in the laboratory.

Name: _____ Phone or E-mail: _____ Sample designation: _____

Principal Investigator: _____ Speed Type: | | | | | | | | | Date: _____

Sample Information

Structure:

Molecular Formula: _____

Molecular Weight: _____

Purity:
☐ Crude ☐ Semi-crude ☐ Pure

Concentration:
☐ Solid ☐ Liquid Solution of _____ $^{mg}/_{ml}$ in _____

Solubility:
☐ CH_3OH ☐ CH_3CN ☐ H_2O
☐ Other: _____

Avoid:
☐ Acid ☐ Base ☐ Other: _____

Safety Precautions:
☐ Toxic ☐ Carcinogen ☐ Irritant
☐ Biohazard ☐ Explosive ☐ Stench
☐ Other: _____

Analysis Request

☐ Molecular ion ☐ MS/MS ☐ Accurate Mass ☐ Other: _____

☐ ESI+ ☐ ESI-
☐ MALDI+ ☐ MALDI- ☐ GC/MS ☐ LC/MS
☐ APCI+ ☐ APCI- (attach chromatogram, list conditions)

Do not hesitate to ask for assistance.

Samples should be submitted in ***small, screw-top vials*** and be easy to transfer by spatula or syringe. Vials should have Teflon-lined caps.

Please label your vial!

Attach Sample Here

Sample is in ☐ Refrigerator ☐ Freezer

CAL Use Only

Filename:

Analysis:
ESI+ *MALDI+* *APCI+*
ESI- *MALDI-* *APCI-*
LC/MS *GC/MS* *MS/MS*

Acc. Mass:

Matrix:
Glycerol *3-NOBA* *DTT/DTE*
α-CHCA *SA* *DHB*
THAP *CH_3OH* *CH_3CN*
Other:

Time:

Charge: