

MASS SPECTROMETRY REQUEST

General Information

Name: _____ Date: _____
Email: _____ Phone #: _____ Fax #: _____
Research Director: _____ Account #: _____
Sample ID: _____ MS #: _____

Requested Analysis			Comments
Ionization Mode:	Information Requested:	Analyses:	
<input type="checkbox"/> EI	<input type="checkbox"/> Nominal Mass	<input type="checkbox"/> GC/MS	
<input type="checkbox"/> CI	<input type="checkbox"/> Exact Mass	<input type="checkbox"/> LC/MS	
<input type="checkbox"/> FAB	<input type="checkbox"/> Isotope Pattern	<input type="checkbox"/> MS/MS	
<input type="checkbox"/> MALDI	<input type="checkbox"/> Fragmentation	<input type="checkbox"/> Other: <i>(specify)</i>	
<input type="checkbox"/> ESI	<input type="checkbox"/> Other: <i>(specify)</i>		
<input type="checkbox"/> APCI			

Sample Information

Amount: _____ mg. Soluble in (circle): CH₂CL₂, CHCl₃, CH₃OH, DMSO, THF, H₂O, Other: _____
Vaporizes at _____ °C, when pressure = _____ Torr. Thermal Decomposition _____ °C
Air Sensitive _____ Hazards _____

MOLECULAR FORMULA: _____

(standard abbreviations for amino acids accepted)

MOLECULAR MASS: _____ Daltons

MOLECULAR STRUCTURE: _____

Approval for Request: _____

(Research Director's Signature)