



Maritime Mass Spectrometry Laboratories Request for Mass Spectrometric Analysis

Room 537 Chemistry Building
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Contact Information

Submitter: _____ Date: _____

Email: _____ Phone: _____

Supervisor: _____

Sample Details

Sample Identifier: _____

Molecular Formula: _____

Molecular Weight: _____

MP/BP: _____

Solubility: _____

Stability (y/n): _____

Store Cold (y/n): _____

Hygroscopic (y/n): _____

Store Dark (y/n): _____

Purity: _____

Toxicity (if the sample poses a physiological hazard please identify the hazard):

Structure

Submitter of volatile liquid samples should talk to Mr. Xiao Feng (samples may be run by GC-MS)

Analysis Requirements

Low Resolution Ionization Mode:

EI+ EI- CI+ CI- ESI+ ESI- APCI+ APCI- MALDI (Circle as required)

Low Resolution Scan (desired scan range): _____

EI⁺ Accurate Mass (what ions?): _____
(circle as required - low resolution spectrum will also be recorded)

ESI Accurate Mass: • Positive • Negative (what ions?): _____
(circle as required - low resolution spectrum will also be recorded)

MS/MS (what ions?): _____

LC/MS or GC/MS: Please Consult Mr. Xiao Feng

* Sample drop off box locates outside Room 503