Mass Spectrometry Sample Submission Form

Date _____
Name _____
Room _____ Phone _____
Email _____
Res.Director_____

Attach Sample Here

or Indicate Location_____

(Please Label Vial with Your Name and Sample ID#)

Project Code _____

Sample I.D.# _____
Mol. Formula _____
Monoisotopic Mass _____

Chemical Structure

Solubility: (circle)
H_2O, MeOH, Et_2O, EtAc, Acetone, CH_3CN, CH_2Cl_2, $CHCl_3$, Hexane, Toluene, DMSO, Other _____

Sample State: (check one)
☐Gas @ _____torr,
☐Neat Liquid,
☐Solid,
☐Dissolved in _____
Conc._____
☐Other _____

Requested Analysis

EI ☐ FAB☐ ESI ☐ APcI ☐ GC/MS ☐ **} Include GC or LC**
} Conditions and Sample
CI ☐ [Reagent Gas_____] DEI/DCI ☐ LC/MS ☐ **} Chromatogram**

Accurate Mass ☐ (for elemental match) [m/z_____, ionic formula_____]
Please submit a copy of the low resolution spectrum when requesting Accurate Mass Analysis.

Please indicate m.p. or b.p., purity, thermal stability, likely impurities, and any special handling considerations:

_____

_____

(Do not write below this line)

_____

_____

_____

_____