MASS SPECTROMETRY REQUEST

General Information

Name:_____ Date:_____
Email:_____ Phone #:_____ Fax #:_____
Research Director:_____ Account #:_____

Sample ID:_____ **MS #:**_____

Requested Analysis

Ionization Mode:	Information Requested:	Analyses:	Comments
☐ EI	☐ Nominal Mass	☐ GC/MS	
☐ CI	☐ Exact Mass	☐ LC/MS	
☐ FAB	☐ Isotope Pattern	☐ MS/MS	
☐ MALDI	☐ Fragmentation	☐ Other: (*specify*)	
☐ ESI	☐ Other: (*specify*)		
☐ APCI			

Sample Information

Amount:_____ mg. Soluble in (circle): CH_2CL_2, $CHCl_3$, CH_3OH, DMSO, THF, H_2O, 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*)