

Mass Spectrum Request Form

Name _____
Sample Code _____
Phone Number _____
E-mail Address _____

Date _____
Department _____
Room & Bldg. _____
Research Advisor _____

Short Code Account Number:

Accuracy Required:

_____ Nominal Mass, scanned over entire mass range (± 0.5 dalton).
_____ HRMS Exact Mass Measurement, on molecular ion peak only (± 5 ppm).

Technique:

_____ EI, Electron Impact Ionization.
_____ CI-NH₃, Chemical Ionization with Ammonia.
_____ CI-CH₄, Chemical Ionization with Methane.
_____ ESI+ , Electrospray with Positive Ion Detection.
_____ ESI- , Electrospray with Negative Ion Detection.
_____ MALDI-TOF, Matrix-Assisted, Laser-Desorption, Time-of-Flight Mass Spectrometry.

Proposed Structure:

Molecular Formula _____
Monoisotopic Exact Mass: _____
Compound is Soluble In: _____
Melting Point: _____
Boiling Point: _____

Sensitivity: _____ oxygen _____ water _____ thermal _____ light

Toxicity:

Date Run: _____

Cost: _____