

M.S. # _____

Date _____

UNIVERSITY OF BRITISH COLUMBIA
Department of Chemistry
Request for Mass Spectrometric Services

EI
HIGH RESOLUTION

Sample Name _____

Formula _____

Parent Mass _____

Solid/Liquid/Gas _____

M.Pt./B.Pt./Subl.Pt. _____

Measurements Required on Mass(es): _____

Additional Information (if known):

Structure or Origin:

Base peak

Stability:

Soluble in:

Toxicity:

Purity:

Special Instructions:

Sample Storage: R.T. _____

2° _____

-5° _____

Maximum no. of atoms present in molecule:

C _____

H _____

N _____

O _____

Others _____

Submitted By _____

Supervisor _____

Contact (tel. # and/or e-mail) _____

THE LOW RESOLUTION SPECTRUM MUST ACCOMPANY THIS REQUEST

DATE:

ELECTRON ENERGY:

EMISSION (μA):

TRAP CURRENT:

F.C. 1:

F.C. 2:

H.V.:

MONITOR (I):

B.W.:

SOURCE TEMP.:

PROBE TEMP.:

SOURCE SLIT:

COLLECTOR SLIT:

MAG. RANGE:

SCAN RATE:

MULTIPLIER:

REMARKS: