

M.S. # \_\_\_\_\_

Date \_\_\_\_\_

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

**ESI/APCI-MS**  
**LOW RESOLUTION**

Sample Name \_\_\_\_\_

Formula \_\_\_\_\_

Parent Mass \_\_\_\_\_

Mass Range Required \_\_\_\_\_

Sample Amount / Concentration \_\_\_\_\_

Analysis Method:    \_\_\_ ESI                    \_\_\_ APCI                    \_\_\_ MSMS

Service Required:    \_\_\_ +ve                    \_\_\_ -ve

Output Required:    \_\_\_ Plot (Mass spectrum)  
                          \_\_\_ Quan (Tabulated masses)

Additional Information: (if known)

Structure or Origin:

definite    \_\_\_

uncertain  \_\_\_

Solvent:

Special Instructions:

Toxicity / Hazards:

Purity:

Stability:

Sample Storage: RT \_\_\_ 2° \_\_\_ -5° \_\_\_

Submitted by \_\_\_\_\_

Supervisor \_\_\_\_\_

Contact (tel# and/or e-mail) \_\_\_\_\_

## Operator's Notes

Date (D/M/Y) \_\_\_\_\_

Initials: \_\_\_\_\_

Instrument    LCT       ION-TRAP  

**Sample Conditions:**

Solvent: \_\_\_\_\_    [Stock Sol]: \_\_\_\_\_    [Working Sol] : \_\_\_\_\_

**Method Parameters:**

Infusion <input type="checkbox"/> Flow Rate: _____	Flow Injection <input type="checkbox"/> Flow Rate (µL/min): _____    Solvent: _____
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	ESI		APCI	
	+	-	+	-
Capillary				
Samp. Cone/ Skim. 1				
Cap Exit				
Source Temp.				
Trap Drive				
Octapole RF				
Mass Range				
Nebulizer Gas				
Dry Gas				
APCI Temp				
Corona				

**Summary of Results**

Positive: \_\_\_\_\_

Negative: \_\_\_\_\_

**Comments**