

M.S. # _____

Date _____

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

ESI/APCI
HIGH RESOLUTION

Sample Name _____

Formula _____

Parent Mass _____

Sample Amount / Concentration _____

Measurement Required on Masses _____

Analysis Method: ___ ESI ___ APCI

Service Required: ___ +ve ___ -ve

Additional Information:

Structure or Origin:

Solvent:

Stability:

Toxicity:

Purity:

Special Instructions:

Sample Storage: RT ___

2° ___

-5° ___

Max. and Min. 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

Operator's Notes

Date (D/M/Y) _____

Initials: _____

Instrument LCT ION-TRAP

Sample Conditions:

Solvent: MeOH+0.1%FA MeOH ACN Other: _____

[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				
Sample. Cone/				
Extraction Cone				
Source Temp.				
Desolv. Temp				
Octapole RF				
Mass Range				
Lock Mass				
Nebulizer Gas				
Desolvation Gas				

Data Processing:

Centroid (%): _____

Smooth _____

Scans: _____

Comments