

M.S. # _____

Date _____

UNIVERSITY OF BRITISH COLUMBIA

Department of Chemistry
Request for Mass Spectrometric Services

EI
LOW RESOLUTION

Sample Name _____

Formula _____

Parent Mass _____

Solid/Liquid/Gas _____ M.Pt./B.Pt./Subl.Pt. _____

Mass Range Required _____

Output Required _____ Plot (Mass spectrum)
 _____ Quan (Tabulated masses)

Additional Information (if known)

Structure or Origin:

Definite _____, or uncertain _____

Stability:

Soluble in:

Toxicity:

Purity:

Special Instructions:

Sample Storage: R.T. _____

2° _____

-5° _____

Submitted By _____

Supervisor _____

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

DATE:

ELECTRON ENERGY:

EMISSION (μ A):

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: