

The University of British Columbia

Department of Chemistry
Request for Mass Spectrometric Services

M.S. No. _____

Date(D/M/Y) _____

Liquid Chromatography/Mass Spectrometry (LCMS)

LOW RESOLUTION

Sample Name _____

Amount/Concentration _____

Formula(s) _____

Parent Mass(es) _____

Mass Range Required _____

LC Column Type _____

Dimensions (dia, L) _____

Mobile Phase(s) _____

Flow Rate/Program _____

Additional Information (if known)

Structure(s) or Origin:
Definite , or Uncertain

Stability _____

Solubility _____

TOXICITY _____

Purity _____

Special Instructions _____

Sample Storage R.T.

2°C

-6°C

Submitted by _____ Supervisor _____

CONTACT (TEL# AND/OR E-MAIL) _____

NOTE: A HPLC CHROMATOGRAM OF THE SAMPLE SHOULD ACCOMPANY REQUEST

* Please indicate (✓) the LC peaks on which you would like mass spectrometric data.

Operator's Notes

Date (D/M/Y) _____

Initials: _____

Gradient Isocratic

Sample Conditions

Solvent: _____ [Stock Sol]: _____ [Working Sol] : _____

LC Parameters

Column: _____ Flow Rate (mL/min): _____

Solvent A: _____ Solvent B: _____ Injection volume (µL): _____

Buffers (A): _____ Initial Pressure (bar): _____

Buffers (B): _____ Column Temperature (°C): _____

Gradient Parameters

Time (min)	%B

UV Parameters

	λ Sample	Bw	λ Ref.	Bw
1				
2				
3				
4				
5				

MS Parameters

	+	-		+	-
Capillary			Octapole RF		
Skim. 1			Mass Range		
Cap Exit			Neb Gas		
Temperature			Dry Gas		
Trap Drive					

Summary of Results

Positive:

Negative:

Comments