

MASS SPECTROMETRY SERVICE

Name:.....	E-Mail:.....	Date:.....
Group:.....	Tel:.....	Your sample Reference:
Lab/Room No.:	Sample returned? YES/NO	Grant Code.:

Structure:	Formula:.....
	Mass:.....
	Solvent: (the sample is soluble in)
	Concentration (mg/mL):

Hazards: <i>circle as appropriate</i> THIS SECTION MUST BE COMPLETED. Signature of researcher:	Corrosive	Explosive	Lachrymatory	Harmful
	Poisonous	Carcinogen	Toxic	Mutagen
	Other:			

Techniques Required: <i>please circle as required</i>	FOR ESI SAMPLES MUST BE CENTRIFUGED FIRST. <i>* Techniques only available after discussion with service staff.</i>		
EI	CI	ESI	Nanospray*
MALDI*	APCI*	Positive Ion	Negative Ion

Accurate Mass:

I declare that this sample is novel and/or unpublished and requires accurate-mass analysis:

Signature of researcher:..... Signature of supervisor:.....

Any other information or requirements:

.....

Mass Spec Lab use only:

Instrument: Technique: Filename:

Operator: Date: