

Mass Spectrometry Request Form 1

Department of Chemistry, NUS

(EI, FAB, ESI, APCI, MS/MS Services)

Incompletely filled sections may result in sample rejection!

Contact Details:

Date: _____

Name: _____

Name of Supervisor: _____

Dept./Organisation: _____

Signature of Supervisor: _____

Tel. no.: _____

Fax no./email: _____

Billing address (for non-NUS customer): _____

Sample Details:

Sample ID: _____ (Alphanumeric)

Retain sample: Yes

Proposed Formula/Structure/Elements present/Other Information:

Acquired data confidential: Yes

Molecular weight: _____

Stability: _____

Storage (freezer, room temp.): _____

Toxicity issues: _____

Solution samples

Concentration of sample: _____

Solvent: _____

Dry samples

Amount submitted: _____ Soluble in: MeOH H₂O CH₃CN Acetone Others _____

Analysis Requirement:

Ionization Mode:

EI	<input type="checkbox"/>	Nominal mass	<input type="checkbox"/>	Accurate mass	
ESI	<input type="checkbox"/>	Nominal mass	<input type="checkbox"/>	Accurate mass	
APCI	<input type="checkbox"/>	Nominal mass	<input type="checkbox"/>	Accurate mass	
FAB	<input type="checkbox"/>	Nominal mass	<input type="checkbox"/>	Accurate mass	Matrix: _____
MALDI	<input type="checkbox"/>	Nominal mass	<input type="checkbox"/>	Accurate mass	Matrix: _____
MS/MS	<input type="checkbox"/>	Nominal mass	<input type="checkbox"/>	Ion(s) of interest:	_____

Note: For accurate mass or MS/MS measurement, please attach nominal mass spectrum & relevant information. Data acquired will be stored in the instrument hard disk for 3 months. For external samples, it will be stored for a year.

For important and confidential information, please keep a back up copy for yourself and request laboratory officer to delete from the hard disk.

The services provided are purely scientific purposes and are not to be used in any court of law.