

Mass Spectrometry Request Form 2

Department of Chemistry, NUS

(GC/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: _____

Others

Please give details: _____

Analysis Requirement:

Ionization Mode: EI Ion(s) of interest: _____

Details of column: _____

Carrier gas: _____ Flow rate: _____

GC conditions: Injector temp.: _____ Splitless

Detector temp.: _____ Split Split ratio: _____

GC separation program: Please give details: _____

Note: Samples for GC/MS analysis must be accompanied by chromatogram with peaks of interest labeled.

Data acquired will be stored in the instrument hard disk for 3 months.

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.