

# 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): \_\_\_\_\_

\_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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.

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