

Mass Spectrometry Request Form 3

Department of Chemistry, NUS

(LC/MS, 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: _____

Samples containing buffers or salts

Please give details: _____

Analysis Requirement:

Ionization Mode: LC/MS: ESI APCI MS/MS: ion(s) of interest: _____

Details of column: _____

Mobile phase: _____ Flow rate: _____

HPLC separation program: Isocratic Gradient

Please give details: _____

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

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.