


Request For Mass Spectrometry Service (one sample)
Mass Spectrometry Facility, University of Vermont Department of Chemistry

Submitter's name:		Date:
E-mail:	Supervisor/PI:	
Department:	Building & Room:	
Sample # or Identifying code:	Well #:	Phone:

About your sample: please provide as much information as possible

Putative formula: C _ H _ N _ O _ S _ P _ Cl _		Molecular weight:
<p>Soluble in: H₂O Acetone MeOH MeCN CH₂Cl₂</p> <p>Other:</p>	Structure (paste or draw):	
<p>Contains Salts? (TFA, Na⁺, K⁺, NH₄⁺, X⁻, PO₄³⁻, None, unknown)</p> <p>Conc of salt?</p>		
<p>Contains buffers?</p>		
<p>Stable in dilute acids? yes no unknown</p>		
<p>What is the solvent?</p> <p>What is the concentration of the analyte(s)?</p>	<p>Toxicity/Sample Handling precautions:</p>	
<p>By default, samples will be analyzed by <u>direct infusion</u> in either positive ESI or APCI. If you require a specific ionization mode, analysis in negative mode or HRMS, please note in "Additional comments".</p> <p>If you require chromatographic separation, please contact facility manager.</p>	<p>Additional comments:</p>	<p>Insert in rack (well #) or tape sample here:</p> 
<p>Work performed on sample (mass spectrometrists' comments and suggestions):</p> <p>Date Completed:</p> <p>Peak Instrument hours required: Off peak Instrument hours required: Analyst hours required:</p>		