

Mass Spectrum Request and Analysis Form

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Name	Dept./Co.	Phone/Email
Account/PO #	Principal investigator	Date
* Samples will not be analyzed without an account # *		

After analysis samples not picked up will be disposed.

Sample Information

Molecular formula : _____

Structure :

Sample I.D. _____

Monoisotopic molecular mass _____

Sample matrix:

Solid Gas

Liquid: ___ neat

___ solution in _____ solvent
(concentration: _____)

* Please avoid using DMSO and DMF *

Recommended solvent:

MeOH CHCl₃ Acetone H₂O

CH₃CN CH₂Cl₂ Other (_____)

Special Storage Requirements:

Refrigerate Freeze Dessicate

Exclude Light Other (_____)

Confidence in Structure: Tentative Confident Confirmed (by _____)

Purity: Crude Relatively Pure Very Pure

Toxicity: Safe Toxic Extremely Toxic Radioactive Unknown

Are there any buffers or alkali cations present? Yes No

Ionization Method requested (if any): FAB ESI EI CI MALDI APCI

Resolution Required: Unit Mass (Low Resolution) Exact Mass (High Resolution)

FOR FACILITY USE ONLY

Operator: _____

Analysis: JEOL LCQ GCT BrukerTOF/TOF BrukerTOF IonSpecICR BrukerICR

Ionization Method: Positive Negative

EI CI APCI FAB ESI MALDI

Sample Introduction: Direct GC HPLC Infusion

Resolution: Low Resolution High Resolution MS/MS

Solvent Used: _____

Matrix Used: _____

Date Received: _____

Request #: _____

Completed: _____

Notes: _____