Request For Mass Spectrometry Service (one sample)

Mass Spectrometry Facility, University of Missouri-Columbia Department of Chemistry

Submitter's Name		Date
E-mail	Supervisor/PI	
Department	Building & room	
Sample # or identifying code		Phone

About your sample: please provide as much information as possible

Putative formula: C ___ H ___ N ___ O ___ S ___ P ___ Cl ___ ___ ___		Exact Molar Mass
Soluble in… H_2O acetone MeOH MeCN THF toluene (other)	Structure and origin	
Contains salts? Na^+ K^+ NH_4^+ X^- PO_4^{3-} no unknown other (list)		
Contains buffers?		
Stable in dilute acids? yes no unknown		
Sample handling precautions	If the sample is in solution, what are the solvents and approximate concentration?	

PLEASE AFFIX SAMPLE HERE

Service(s) Requested: indicate type of analysis desired by marking the box next to it

- ☐ Direct Infusion (ESI/APCI) MS
- ☐ Direct Infusion (ESI/APCI) MS/MS
- ☐ LC-MS (ESI/APCI)
- ☐ LC-MS/MS (ESI/APCI)
- ☐ Other (discuss with MS Facility Manager first)

MoCode: _____

Account: _____
(6 digit PeopleSoft code)

Authorization: _____
(signature of authorizing party)

Additional Customer Comments

Work Done On Sample (Mass Spectrometrist's Comments And Suggestions)