

BROCK UNIVERSITY MASS SPECTROMETRY FACILITY

Tel: (905)688-5550 ext. 4172 (lab), 3850 (office)

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Mass Spectral Analysis Request

Submitter's Name _____

Email _____ Tel (Optional) _____

Date Submitted _____ Supervisor _____

Approval: _____

Sample Name:

(All 1st through 3rd year undergraduate submissions must be approved by supervisor or lab demonstrator)

Type of Analysis Requested

Ionization

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Electrospray (ESI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> APCI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Electron Ionization (EI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chemical Ionization (CI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fast Atom Bombardment (FAB) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MALDI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- CID (specify ion mass) _____

Resolution

Low High

Polarity

+ve -ve

Inlet System

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Infusion | <input type="checkbox"/> LC/MS |
| <input type="checkbox"/> Infusion | <input type="checkbox"/> LC/MS |
| <input type="checkbox"/> Probe | <input type="checkbox"/> GC/MS |
| <input type="checkbox"/> Probe | <input type="checkbox"/> GC/MS |

Sample Information

Expected Molecular Weight _____ Molecular Formula _____

Suitable solvent(s) to dissolve the sample _____

Estimated Purity _____ If the sample is in a solvent, approximate concentration (mg/ml) _____

Sample M.P. _____ B.P. _____ Sample has DMSO contamination? Yes No

If FAB requested, suitable FAB Matrix: NBA Gly NPOE Other (specify) _____

Special Instructions _____

Special Hazard _____

Sample Description and Structure

*For GC/MS or LC/MS

Please provide GC-FID or LC-UV chromatogram and the following information:

Concentration: _____ mg/ml in _____

Column:

Temp/Solvent Programme:

For polymers, please provide formulae & mass of monomer & end group.

For Complex, please provide formulae & mass of ligands.