

M.S.# MT _____

Date _____

UNIVERSITY OF BRITISH COLUMBIA
Department of Chemistry
Request for Mass Spectrometric Services

MALDI-TOF MS

Sample Name _____

Formula _____

Parent Mass _____

Mass Range Required _____

Sample Amount/ Concentration _____

Service Required: ___+ve ___-ve

Output Required: ___Plot (Mass spectrum)
 ___Quan (Tabulated masses)

Toxicity/ Hazard:

Solvent, pH:

Additional Information (if known)

Soluble in:

Purity:

Structure or Origin:
Definite ___ or Uncertain ___

Sample Storage: R.T. ___
 2 ___
 -5 ___

PREVIOUS CONDITIONS

Matrix:
Laser power:
Calibration (int/ext):

Submitted by _____

Supervisor _____

Contact (tel# and/or e-mail) _____

Date:

Sample solution conc.:

Solvent, pH:

Matrix:

Sample/Matrix ratio:

Laser power:

Calibration, internal/external:

V accel.:

Scan rate:

Mass range scanned:

Multiplier:

Linear/Reflectron mode:

Resolution:

Vacuum during analysis:

Observed masses:

Comments: