M.S.# _____

Date _____

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

MS-MS

Sample Name _____

Formula _____

Parent Mass _____

Solid/Liquid/Gas _____ M.Pt./B.Pt./Subl.Pt._____

Additional Information

Structure or Origin:

Base Peak:
Stability:
Soluble in:
Toxicity:
Purity:
Special Instructions:
Sample Storage: R.T. 2° -5°

Ionization Technique Required _____

Collisions Performed on Masses: _____

Scan Modes: _____

Formulae/Masses of Expected Fragments:

Submitted by _____ Supervisor _____

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

THE LOW RESOLUTION SPECTRUM MUST ACCOMPANY THIS REQUEST

Date:

Instrument:

Ionization Technique:

Quadrupole Scan:

Collision Gas:

Collision Gas Pressure:

Collision Energy:

Analysing Energy:

Ql RF Power:

Scan Rate:

Scan Range

Results