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