



## **Mass Spectrometric Analysis Request Form**

Internal Use Only.  MS Measurement Number:			Measurement Date:		
Name:		Institu	te:	Phone:	Date:
Email:		liistitu	ic.	Thone.	Dutc.
Sample Name:					Sample Code:
bumple I tume.					Sample Code.
Predicted Molecular Structure:					
Structure confirmed? Yes	s/No Method?				
Melting Point:	Boiling Point:		Formula:		Molecular Weight:
Suitable Solvents:  ☐ methanol ☐ CHCl <sub>3</sub> ☐ CH <sub>2</sub> Cl <sub>2</sub> ☐ THF ☐ ACN ☐ H <sub>2</sub> O ☐ toluene or					
Purity Level/Possible Impurities:			Sample Amount/Volume:		
Storage Conditions:			Measuring Technique:		
			Mass Range of Interest:		
Analysis Scope:  ☐ Molecular weight determination ☐ Exact mass ☐ Mascot Protein Database Search ☐ Fragmentation (MS-MS) ☐ Coupled chromatography-MS: ☐ GC ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
Further Notes Regarding the Sample:					
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