

# Mass Spectrometry Service Form for Chemical Compound

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

PI Phone: \_\_\_\_\_ PI E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Lab. Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Grant No.: \_\_\_\_\_ [or] Purchase Order Number: \_\_\_\_\_

**Ionization Mode:**  (+):  (-)

## Service Requested:

ES MS  ESMS/accurate mass m/z to be measured: \_\_\_\_\_

ES/MS/MS precursor ion m/z \_\_\_\_\_

LC/MS (specify quantitative/ qualitative, method, and column below)

Other \_\_\_\_\_

## Description of Samples

Name	Molecular Formula	Molecular Weight	Purity (%)	Quantity	Solvent				Mass Scan Range
					CH <sub>3</sub> CN	CH <sub>3</sub> OH	H <sub>2</sub> O	Etc.	

Hazardous?  Toxic  Flammable  Carcinogen  Skin Irritant  Explosive

Other (specify) \_\_\_\_\_

## Special Handling Required:

Air sensitive  Light sensitive  Store in refrigerator  Decompose in solution

Keep unused sample in refrigerator  Acid sensitive  Volatile  In Freezer

**Please Acknowledge the CFG Mass Spectrometry in Your Publication**