

REQUEST FOR ANALYSIS

Mass Spectrometry Laboratory
Department of Chemistry & Biochemistry
University of South Carolina
GSRC, Room 108
Phone (803) 777-2039

Number: _____
Date: _____
Operator: _____
Files: _____
Instrument: _____

Do not write above this line

Submitter's Name: _____

Date: _____

Professor's Name: _____

Phone: _____

Sample Name: _____

Sample Location: Shelf Freezer Call

MP: _____ BP: _____

Molec wt: _____

If Gas Chromatographed:

Column used _____

Formula: _____

Retention Time _____

Retention Temp _____

Possible Elements: _____

Sample purified: TLC LC Distillation Sublimation Recrystallization Other: _____

FOR GC/MS SAMPLE MUST BE FREE OF CORROSIVE AND/OR NONVOLATILE IMPURITIES

Sample is soluble in: Hexane CH₂Cl₂ Acetone MeOH H₂O Other: _____

Amount of sample provided, excluding solvents (mg): _____

If sample is in solution, what is the solvent: _____

Please no DMSO or DMF

Also comment on purity:

*****Draw Structure*****

Other physical or chemical properties:

Handling and SAFETY information:

Use back of form if needed=====>

Circle analysis type: GC Probe/DEP(EI) ESI APCI Gas Inlet MALDI LC(consult staff)

Do you want high resolution (exact mass) analysis? YES NO

Mass Range to scan (default 50 to 450) _____

Use the space below or back of form to describe nature of the problem and information desired. Consult with operators for advice.