

Boston College

Mass Spectrometry Facility
Marek Domin
Lab: 101 Office: 101a

Merkert Chemistry Center
Phone: (617) 552-3077
Email: domin@bc.edu

External Users Mass Spectrometry Request Form

Please complete all parts of this form correctly before submitting.

Name: _____ Sample Name: _____
Phone: _____ Email: _____
Date: _____ PO Number: _____

Billing Address: _____

Please indicate technique (if known): ESI APCI AP-MALDI APPI DART ASAP
 LC/MS (Provide gradient, wavelength and column)

Ionization mode: + ve - ve
Required mass accuracy: Low Res High Res *

** High Resolution will ONLY be run on samples first run Low Resolution*

Proposed molecular formula: _____

Proposed molecular weight: _____

Proposed structure (or reaction scheme): _____

If sample is supplied in solution, indicate:

Concentration: _____ Solvent: _____

(Important: Avoid particulate matter in the sample; filter if necessary.)

If sample is a dry material, indicate:

Amount submitted: _____ Soluble in: _____

For all samples, list all other components (e.g. salts, buffers) and their concentrations:

Important: If the sample contains NR_4^+ (e.g. NBu_4^+), PPh_4^- , PPh_3 , P(O)Ph_3 , DMSO or TFA, please indicate:

Stability issues (e.g. temperature, acid): _____

Toxicity issues: _____

Storage: RT 4°C -20°C dark

Check box if you want the sample returned to you after analysis: