Mass Spectrometry Request Form I (EI, ESI, APCI, MALDI and MS/MS Services)

Department of Chemistry, NUS

Field with * must fill. Incompletely filled sections may result in sample rejection!

Contact Details*:			Submission Date:	
Information of Submitter			Information of Supervisor	
Name of Sub	omitter:		Name of Supervisor:	
	ization:		Dept./Organization:	
			Email:	
			Tel:	
[NUS Only] WBS No: Your signature is required for analysis request and ag also authorize us to bill you by the WBS No you provide			Signature of Supervisor: gree pay for services. For NUS customer, your signature	
	•	• •		
Sample Det Sample ID*: _		(Al	alphanumeric) Retain sample: Yes	
-		ts present/Other Inform		
Molecular weight: Storage (room temp, fridge, freezer):				
Liquid Sample: Concentration of sample:			Calvant	
Solid Sample:	_		Solvent:	
-	itted:	Soluble in: MeOH	H2O CH3CN DCM Others:	
Analysis Ro	equirement:			
EI	Nominal mass	Accurate n	Accurate mass [Elements or Formula Need Be Provided]	
ESI	Nominal mass	Accurate n	Accurate mass [Elements or Formula Need Be Provided]	
APCI	Nominal mass	Accurate n	mass [Elements or Formula Need Be Provided]	
MALDI	Nominal mass	Matrix:		
MS/MS	Nominal mass		Ion(s) of interest:	
MS/MS	Accurate mass	[Elements	[Elements or Formula Need Be Provided]	
Data half y For in	acquired will be stored year.	I in the instrument hard tial information, please	ase attach nominal mass spectrum & relevant information. d disk for 3 months. For external samples, it will be stored for e keep a backup copy for yourself and request laboratory	