Mass Spectrometry Request Form II (GC/MS Service)

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 Submitter:	Name of Supervisor:
Dept./Organization:	Dept./Organization:
Email:	
Tel:	Tel:
also authorize us to bill you by the WBS No y	est and agree pay for services. For NUS customer, your signature
Sample Details:	
Sample ID*:	(Alphanumeric) Retain sample: Yes
Proposed Formula/Structure/Elements present/Ot	her Information: Acquired data confidential: Yes
Type of Samples: Select all suitable types	
Solution samples: Concentration of samp	
Dry samples: Amount submitted:	
<u> </u>	
GC-MS Accurate GC-HRMS GC-HR GC-HRMS, Reason**:	Ion(s) of interest:
Carrier gas: Helium	Flow rate:
Detector temp:	Splitless/ Split, Split ratio: Injection volume:
GC separation program: Please give details:	
half year.	ument hard disk for 3 months. For external samples, it will be stored for ion, please keep a backup copy for yourself and request laboratory

** If you require using GC-HRMS, you need provide us reason.

officer to delete from the hard disk.