Mass Spectrometry Request Form III (LC/MS, LC/MS/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:		
Email:		
Tel:	Tel:	
[NUS Only] WBS No:	Signature of Supervisor: est and agree pay for services. For NUS customer, your signature	
Your signature is required for analysis request also authorize us to bill you by the WBS No yo	t and agree pay for servi	ces. For NUS customer, your signature
Billing address (for non-NUS customer):	•	
, <u> </u>		
Sample Details:		
Sample ID*:	(Alphanumeric)	Retain sample: Yes
•	a/Structure/Elements present/Other Information: Acquired data confidential: Yes	
Troposed Formula/Structure/Elements present/Oth	er imormation.	Acquired data confidential.
Molecular weight:	Stability:	
	Toxicity issues:	
Type of Samples: Select all suitable types a	nd field with * must be	filled
Solution samples: Concentration of sample:		Solvent*:
Dry samples: Amount submitted:		Soluble in*:
Others: Please give details*:		
Analysis Requirement: (Note: The dynamic	range of GC-HRMS is lov	w. Peak is easy to saturate.)
LCMS Ionization Mode & MS/MS: ESI or	APCI / MS/MS ion	n(s) of interest:
Details of column:	_	
	Mobile phase B:	
	Injection volume:	
Using column oven, temperature:	_	
Need UV results, wavelength:		(not guarantee providing)
HPLC separation program: Isocratic Gradi	ent Please give details:	
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Note: Data acquired will be stored in the instrument hard disk for 3 months. For external samples, it will be stored for half year.

For important and confidential information, please keep a backup copy for yourself and request laboratory officer to delete from the hard disk.