**Mass Spectrometry Service Submission Form, Laboratory C3-03a**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Sample Name** | | | |  |
| **Email Address** |  | | | | | | | |
| **Supervisor** |  | | | **Date** | | | |  |
| **STRUCTURE**  **\*Check Structure and Formula are consistent\***  **Please indicate the use of protecting groups** | | | | | | | | |
| **Molecular Formula** |  | | | | | **Mass of Ion** | |  |
| **Suitable Solvent**  **(please circle)** | **MeOH/ MECN/ H2O/ Combination**  **DCM / DMSO ……………………..** | | | | | **Purity** | |  |
| **COSHH Assessment Code Number** | | |  | | | | | |
| **Hazard Codes**  **(e.g. H333- May be harmful if inhaled)** |  | | | | | | | |
| **Special Storage**  **Requirements** | **Samples will be stored in the laboratory at room temperature as standard. If you require special arrangements, please get in touch.** | | | | | | | |
| **INFORMATION REQUIRED** | | | | | | | | |
| **Ionization Source** | **APCI + ESI are available. We will select the most appropriate for your sample unless specifically requested.** | | | | | | | |
| **Resolution required (Pick One)** | **Nominal Mass ⬜ Accurate Mass ⬜ (Must be pure)**    **m/z………………………………..** | | | | | | | |
| **SERVICE USE ONLY** | | | | | | | | |
| **Our Reference number** | |  | | | | | | |
| **Ionization used** |  | | | | **Pass (1st/2nd)** | |  | |
| **Abundance** |  | | | | **Error** | |  | |
| **Mass ion found** |  | | | | **m/z** | |  | |
| **Score** |  | | | | **Date** | |  | |