**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** |  |