University of Vermont

Request For Mass Spectrometry Service

(one sample)

ALCA Facility, University of Vermont Department of Chemistry

Submitter's name:		Date:
E-mail:	Supervisor/PI:	
Department:	Building & Room:	
Sample # or Indentifying code:	Well #:	Phone:

About your sample: please provide as much information as possible.

Putative formula: C __ H __ N __ O __ S __ P __ Cl __	Molecular weight:
Soluble in: H_2O Acetone MeOH MeCN CH_2Cl_2 Other:	Structure (paste or draw):
Contains Salts? (TFA, Na^+, K^+, NH_4^+, X^-, PO_4^{3-}, None, unknown) Conc of salt?	
Contains buffers?	
Stable in dilute acids? YES NO UNKNOWN	
What is the solvent? What is the concentration of the analyte(s)?	**Toxicity/Sample Handing precautions:**

By default, samples will be analyzed by <u>direct infusion</u> in either positive ESI or APCI. If you require a specific ionization mode, analysis in negative mode or HRMS, please note in "Additional comments".

If you require chromatographic separation, please contact facility manager.

Additional comments:

Insert in rack (well #) or tape sample here:

Work performed on sample (mass spectrometrist's comments and suggestions):

Date Completed:

Peak Instrument hours required: Off peak Instrument hours required: Analyst hours required:

Contact: Robert Tracy W416 Discovery rbtracy@uvm.edu (802) 238-9297