**LCMS Unit Request form 2017**

|  |  |
| --- | --- |
| CAF ID number: |  |
| Name of submitter: | E-mail for report: |
| Project leader: | E-mail of Project leader: |
| Department: | Student number: |
| Order number: | Date: |

**Sample Information:**

**Structure:**

|  |  |
| --- | --- |
| Description/ Reference |  |
| Molecular Weights (Mono-isotopic) |  |
| Empirical Formulas |  |
| Solvents that may be used |  |
| Concentration |  |

**\*Retained samples will only be kept for 10 days**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Temperature/ Light sensitive |  | Air sensitive |  | Moisture sensitive |  |
| Acid sensitive |  | Hazardous |  | Retain sample\* |  |

**Type of MS work required:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Positive | Negative | Mass Range | Direct |  GC/LC |
| ESI |  |  |  |  |  |
| EI (GCMS) |  |  |  |  |  |
| Accurate mass (HRMS) |  |  |  |  |  |

**Special Requests/ LC/GC method:**