**GCMS Lab Analysis 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:**

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

**Special Requests/ GC method:**

**Type of MS work required:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Liquid injection | SPME | Column |
| GC-FID |  |  |  |
| GC-MS |  |  |  |
| GC-MS-MS |  |  |  |
| Accurate mass (HRMS) |  |  |  |

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

Sample solubility (Solvents to be used) e.g. Methanol, DCM, DMSO etc.