



REQUEST FOR HIGH RESOLUTION MASS SPECTRAL SERVICE

SUBMITTED BY: _____ Date: _____ Supervisor: _____

Email Address: _____ Phone: _____

SAMPLE CODE: _____ MW: _____

SOLVENT: _____ FORMULA: _____

CONCENTRATION of attached SAMPLE:

- OR** 1/100 dilution of Low Res Sample
 1/1000 dilution of Low Res Sample

AND Sample used for Low Res

Other Information (stability, toxicity, volatility, etc.): _____

For office use only:

Run by: _____

Date: _____

ESI + -

ASAP + -

Ions characterised

[M+H]⁺

[M+Na]⁺

[M-H]⁻

****A LOW RESOLUTION SPECTRUM MUST BE ATTACHED TO THIS FORM****

IONISATION Technique (Please tick <u>one</u> only):	<i>m/z</i>	<i>Molecular Formulae</i>
ES I +ve <input type="checkbox"/> -ve <input type="checkbox"/>
ASAP (EI equivalent) +ve <input type="checkbox"/> -ve <input type="checkbox"/>



SUBMITTED BY: _____ SAMPLE CODE: _____

MW: _____ FORMULA: _____

For office use only: RUN BY: _____ DATE: _____

**Attach
2
samples
here**

Low-Res
sample

100x OR
1000x

Orbitrap Service: ESI +ve -ve

Xevo Service: ESI +ve -ve

Xevo Service: ASAP +ve -ve

Reference compound:

LeuEnk Lipid Mix Other: _____