

CIF Mass Spectrometry Sample Submission Form



Date:

Client/Account information

iLab Username:

CSU eName:

NOTE: YOUR SAMPLES WILL ONLY BE ANALYZED IF YOU HAVE A CSU ILAB ACCOUNT.

Advisor:
(or Company)

Account #:
(or PO #)

Email:

Phone #:

Sample information

Sample IDs:

(list multiple samples for the same analysis)

Formula:

Monoisotopic mass:

Proposed Structure:

Mass Spectrometer of choice:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> TOF-MS (accurate mass) | <input type="checkbox"/> with HPLC |
| <input type="checkbox"/> QTOF-MSMS (accurate mass) | <input type="checkbox"/> with HPLC |
| <input type="checkbox"/> LC-QQQ (triple quad with UHPLC) | |
| <input type="checkbox"/> GC-MS | |
| <input type="checkbox"/> GC-MSMS (triple quad) | |

Other Specific Analytical Requests:

(e.g. method of choice, injection volume, ...)

Purity:

- Crude
 Relatively pure
 Very pure

Toxicity:

- Extremely toxic
 Toxic
 Safe

Sensitive to:

- Air
 Water
 Light
 Time sensitive

Solubility/Solvent:

- MeOH
 CH₂Cl₂
 EtOAc
 H₂O
 Other*

Concentration/Amount:

Note: THF is not a permitted solvent.

FOR OFFICE USE ONLY:

Total Runs:
Billable Runs:
Billable Hours:
Instrument:
LC/Syringe/FIA:

Comments:

Date Run:

Recorded in iLabs Kiosk:

Data Delivered:

Logged: