

UMBC DEPARTMENTAL MASS SPEC SAMPLE SUBMISSION FORM In-house form

Please submit samples accompanied by completed form to:

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Baltimore MD, 21250
Phone: 410-455-2815 Fax: 410-455-2608
Email: wilhide3@umbc.edu

Customer Information

Name: _____

Email: _____

Department: _____

PI name: _____

Telephone: _____

Account: _____

Date: _____

Sample Information

Sample Name: _____ Empirical formula: _____ Molecular Weight: _____

Sample Solubility: Acetonitrile Methanol Water Other

Sample format: Liquid Solid Quantity/Concentration: _____ Purity: _____

Safety Precautions: _____ Storage requirements: _____

Analysis Options

(For High Resolution please submit at least .1mg of sample)

Polarity: Positive Negative

Ionization mode (Choose one) :

Electron Impact (EI)

Atmosphere Pressure Ionization (APCI)

Matrix Assisted Laser Desorption (MALDI)

Electro Spray Ionization (ESI)

Mass Measurement: Low Resolution High Resolution

Structure:

Comments/Additional Information:
