

DCIF Mass Spectrometry Analysis Request Form

UID (6-digit): _____

Your Name: _____

Sample ID: _____

Advisor's Name: _____

Date submitted: _____

Phone: _____

E-mail address: _____

Billing Address and account number: _____
(non-MIT Chemistry Department)

• **Please check one of the following:**

Unit Mass (< .5amu) Exact Mass (< 5ppm) MS/MS (Tandem Mass)

• **Specify required analysis:**

EI/FT-MS ESI/FT-MS MALDI/FT-MS

• **Specify Ion type:** Positive ion Negative ion

• **Specify MALDI Matrix:**

α -CHCA DBH Other: _____

• **List ALL solvents which are miscible with your sample. (check all that apply):**

Polar: H₂O MeOH EtOAc CH₃CN Acetone

Non-Polar: CH₂Cl₂ CHCl₃ Toluene

Other: _____ Concentration of sample in solution _____

• **Does the sample require special handling? (Air sensitive, thermally sensitive, pH, etc.)**

Yes No If yes, please specify: _____

• **Is the sample or are the vapors:**

Toxic Radioactive Carcinogenic Explosive Biohazard Unknown

Molecular	Molecular
Formula: _____	Weight: _____
Structure Formula:	