

DCIF Mass Spectrometry Analysis Request Form

DCIF User ID: _____

Your Name: _____

Sample ID: _____

Advisor's Name: _____

Date submitted: _____

Phone: _____

E-mail address: _____

Billing Address and account or PO number: _____
(Not necessary for MIT users)

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

- Unit Mass (error $< \pm 0.1$ amu) Exact Mass (error $< \pm 0.003$ amu*) MS/MS (Tandem Mass)

*For samples below 1000 amu. For MW above 1000 amu, error $< \pm 5$ ppm

• **Specify requested analysis:**

- EI/FT-MS ESI/FT-MS DART/FT-MS

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

• **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: _____ If in solution: Concentration _____
 Solvent _____

• **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:	