REQUEST FOR LOW RESOLUTION MASS SPECTRAL SERVICE

SUBMITTED BY: _____ **DATE:** _____ **SUPERVISOR:** _____

EMAIL ADDRESS: _____

SAMPLE CODE NO._____ **MWt:** _____ **MS NO:** _____

SAMPLE LOCATION ☐ fridge **FORMULA:** _____

☐ freezer **SOLVENT:** _____

☐ attached **VOLATILITY:** _____

OTHER INFORMATION (stability, toxicity etc): _____

_____

STRUCTURAL FORMULA & NAME

SERVICE REQUIRED

(fill in a separate form for each service)

GC/MS ☐

Molecular Wt*. ☐

EI +ve ☐ -ve ☐

CI +ve ☐ -ve ☐ gas _____

ES +ve ☐ -ve ☐ solvent _____

***** tick here if you only need molecular wt. confirmation

EXTERNAL USERS ONLY: PH: _____ FAX: _____

Institution: ANSTO ☐ UWS: Macarthur ☐ Nepean ☐ Hawkesbury ☐

OTHER (PLEASE SPECIFY):

Operator Use: RESULTS: Faxed ☐ Mailed ☐ Emailed ☐ Date _____

SUBMITTED BY: _____ **CODE NO.** _____

For operator use only.

RUN BY: _____ **DATE:** _____ **MS NO:** _____

Attach sample here.

LCZ ☐ **Autospec** ☐

SERVICE: **EI** +ve ☐ -ve ☐

CI +ve ☐ -ve ☐ gas _____

ES +ve ☐ -ve ☐ solvent _____