

**McMASTER REGIONAL CENTRE FOR MASS SPECTROMETRY**

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**Mass Spectral Analysis Request**

Date Submitted \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone # , email (optional) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Dept. & Room # \_\_\_\_\_  
Account/PO # \_\_\_\_\_

Sample ID:

**Type of Analysis Requested**

**Ionization**

Electron Ionization

Chemical Ionization

Electrospray

APCI

For ESI/APCI only:

MALDI

**Resolution**

Low High

**Polarity**

+ve -ve

**Inlet System**

Probe  GC/MS\*

Probe  GC/MS\*

Infusion  LC/MS\*

Infusion  LC/MS\*

CID (specify ions) \_\_\_\_\_

**Sample Information**

Expected Molecular Weight(s) \_\_\_\_\_

Molecular Formula(ae) \_\_\_\_\_

Suitable Solvent(s) \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Sample Description(s) and Structure(s)**

Approx am't/conc:

Polymers: Monomer & end group mass:

HAZARDOUS LABORATORY SAMPLE

**\*For GC/MS or LC/MS**

Provide GC-FID or LC-UV chromatogram  
and the following information:

Concentration: \_\_\_\_\_ mg/ml in

Column:

Temp/Solvent Programme:

**IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT THE FACILITY PERSONNEL**