

GCMS Analysis Request Form

Must Speak to Analyst Before Submission

Date: _____

SUBMITTED BY

Name: _____

E-mail address: _____

Direct Tel. No.: _____

Supervisor: _____

Lab Number: _____

 School/Centre: *Tick all that apply.*

-
- Queen's University Belfast
-
-
- School of Chemistry and Chemical Engineering
-
-
- Other School _____

-
- External
-
-
- Almac
-
- Radox
-
-
- GLT
-
- Other _____
-
-
- MOF

Individual Category:

-
- Undergraduate Practical/Project
-
-
- Masters
-
-
- Post-graduate
-
-
- Postdoctoral
-
-
- Staff
-
-
- Other _____

DETAILS OF SAMPLE(S)

Type of Sample(s)

-
- Inorganic
-
-
- Ionic Liquid
-
-
- Organic

Previously submitted:












-
- Yes
-
- No. of Times _____
-
-
- No

 Physical State(s):

 Additional Information: (e.g.
Hydroscopic) _____

	Sample(s) (Maximum of 3)		
	1	2	3
Sample Code			
Mol. Weight			
Mol. Formula			
Structure (if known)			
M.Pt Range			
Target Analyte			
Expected Analyte conc.			

SAFETY (Tick all that Apply) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

										
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment	Biological	Radioactive

Additional Recommended Safety Controls: _____

CHECKLIST If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.

-
- Sample(s) submitted in screw top vials
-
-
- A maximum of 3 samples have been submitted
-
-
- Enough sample has been provided
-
-
- All relevant information has been provided in this form
-
-
- Spoken to analyst regarding submission

EXPERIMENTAL DETAILS

Solvent(s) used : _____
GC trace supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No
GC conditions (if known): _____ _____ _____

RESULTS (To be completed by the analyst)

	1	2	3
Sample Number			
Laboratory Ref. No.			
Results Returned	Y / N	Y / N	Y / N

Comments _____

Analyst _____

Date: _____