

TOF Mass Spectroscopy Analysis Request Form

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
Type of Sample

- Inorganic
 Ionic Liquid
 Organic

Previously submitted:












- Yes
 No. of Times _____
 No

Physical State: _____

	Sample Code
	Mol. Weight
	Mol. Formula
Structure	

Additional Information: (e.g. Hygroscopic) _____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 submitted in screw top vials
 Up to 5mg/ml of sample has been provided
 All relevant information has been provided in this form

EXPERIMENTAL DETAILS

Solvent: <input type="checkbox"/> Methanol <input type="checkbox"/> Acetonitrile <input type="checkbox"/> Water Mass range: _____ Analysis Type: <input type="checkbox"/> ES <input type="checkbox"/> EI Approx amount or concentration: _____	Is the sample likely to be affected by 0.1% Formic acid? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

RESULTS (To be completed by the analyst)

 Sample Code

 Comments _____

Analyst: _____

Date: _____