

Request for GC-MS Analysis

Your Name:.....Phone number:.....E-mail:.....

Account No.....Account Manager's Signature.....

Amount billed (\$) _____ dollars,dollars.

(See bottom of page for pricing)


Total Charges: ...\$.....

Your sample code(s): Mass Range: 45 -

GC-MS-EI _____; **GC-CI-MS** positive mode _____; **GC-CI-MS** negative mode _____

Sample Characteristics:

Solubility in: **MeOH** _____; **CH₂Cl₂** _____; **Acetonitrile** _____; Other _____

Molecular structure: 

Draw the structure here:

Boiling point: _____ °C

Melting point: _____ °C

Percent purity _____%

Molecular weight: _____

Percent isotopic enrichment: _____

List possible contaminants and their molecular weight:

.....

Please note below any special storage and handling instructions for the sample and/or printout of data.

- For GC-MS samples, please prepare sample at a concentration of 0.1 mg/mL (total volume *ca.* 1 mL) and attach a copy of the GC-FID run, as well as the GC run conditions including amount of injected sample.
- If higher concentration provided, please specify:
- Specify the GC temperature program:

Pricing:

Department of Chemistry account: \$25.00 per sample
Out of Chemistry department: email: kaz.surowiec@ttu.edu

Source:

http://www.webpages.ttu.edu/ksurowie/GCMS_form.pdf

