

GC/MS and LC/MS Sample Analysis Questionnaire*

Company
Contact
Phone
Fax
Email

o Sample analysis for fee: _____ Purchase Order # _____ o Other
Type of samples _____ Number of samples (1 or 2) _____
Sample form o Solid o Liquid o Solution
Is it in a solvent? Yes ___ NO ___ MW _____ Empirical Formula: _____ MP/BP _____
Suggested Solvent _____ Sample purity _____ Specify the impurities _____ Preferred
Ionization Method (s): _____ Proposed Structure (if any):
How much material can we get (generally 10mg—1g) _____
Solubility _____ Refrigerate oYES oNO
Charged? o Neutral o Positive o Negative
Color (absorption, fluorescence) _____ if colored, please provide absorbance spectrum.
Handling Precautions (air/light/heat/sensitivities TOXIC, BIOHAZARDS, etc) _____
Problems with sample (e.g. sticky, degradation) _____
Required qualitative or quantitative analysis _____
Problems with current characterization methods _____
Need to develop a new GC or LC/MS compatible method Yes ___ NO ___
Current GC-EI/CI and or HPLC –ESI/APCI/MS/MS analytical methods available: Yes ___ NO ___
Mobile phase _____ Column(s) _____
Flow rate (mL/min) _____ Temperature (°C) _____
Injection volume (µL) _____ Concentration _____
Standards used _____ Detector(s) used _____
Chromatograms available? oYES o NO If yes, please send typical ones along with this form.
Best time to call _____ Need results by _____

Do customer wants to return their Sample(s) Back? oYES o NO

No Is Assumed!! Samples will be discarded unless Instructed Otherwise!!!!

Accurate Mass measurement Samples: The sample must have been previously submitted for nominal mass study. Resubmission MUST be accompanied by a copy of the nominal mass spectrum and elemental formulae of all ions of interest.

GC/MS REQUESTS: Please provide a sample chromatogram and the following data:

Inlet Temperature _____ Column Type _____
Temperature Program _____ Split Ratio: _____
Head Pressure (psi) _____ Carrier Gas FlowRate: _____
Helium gas used for GC/MS, Capillary columns only (0.25mm id preferred).
Date run: _____ Operator: _____

- Please fill out the form and fax back to Dr. N. C. Saha at (732) 805-9973. Thank you..