

LCMS Sample Submission Form

Please fill out as completely as possible. If exact values are not know take an educated guess.

Name: _____ Date: _____ Voice Phone: _____

Sample ID: _____ Upper MW limit: _____

Amount or Concentration: High (above 1 mg) or Low (sub milligram) Circle One

If submitted as a solution what is the solvent: _____

Please indicate any special handling required for either stability or safety.

Possible Structure:

Analysis: Electrospray (best for polar compounds)

Or Atmospheric Chemical Ionization (best for nonpolar compounds)

Positive Ion

Negative Ion