

Date:	<b>UCL MASS SPECTROMETRY SERVICE</b>	Room No:
		Tel:

Name:	Supervisor: Grant Code:	E-mail:
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Sample Filename:_(Starting with your <b>initials then</b> followed by a <b>3</b> figure number):
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Tick as Required: ✓	EI	CI(pos)	CI(neg)	GC-MS	
No PREFERENCE	APCI(pos)	APCI(neg)	ESI(pos)	ESI(neg)	MALDI-TOF
LC-MS	Accurate Mass	Mass Intensity Listing:		Suitable Solvent:	

Empirical Formula (C <sub>x</sub> H <sub>y</sub> O <sub>z</sub> N):	Mol. Weight (mono-isotopic mass to 5dp):
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Structural Formula:	Toxic: Lachrymator: Smell: Air/Moisture Sensitive:	Please tape sample here
	Impurities Present? YES NO	
	Other Comments:	

Spectra will be sent via e-mail. Please indicate if you want sample returned? YES NO	Email Results
*Please submit sample in solution: MeCN/H <sub>2</sub> O or MeOH/H <sub>2</sub> O at concentration of ~1ng/μL. Please use vial obtainable from Mass spec.	

Cut here

Date:	<b>UCL MASS SPECTROMETRY SERVICE</b>	Room No:
		Tel:

Name:	Supervisor: Account Code:	E-mail:
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