

ESI-MS REQUEST FORM

LTQ XL ESI-MS [] POS [] NEG [] MS/MS []

EXPLORIS 240/480 ESI-MS [] Accurate Mass []* HPLC-MS []

Compound name: _____ Organic compound [] Peptide [] Protein [] Other []

Sample name: _____ Request by (Group): _____

E-mail: _____ Phone: _____

Type: positively charged [] negatively charged [] polar groups []

Safety: not toxic [] toxic [] unknown [] radioactive []

Solvent: _____ Buffer: _____

Estimated MW: _____ Chemical Formula: _____

* $[M+H]^+$ = _____ * $[M+Na]^+$ = _____

Structure (if known)

Sample concentration: _____ mg/ml or quantity _____ mg

Reserved for operator _____

Operator _____ Date _____

Operating condition:

Mass Buffer: 50 % CH₃CN, 0,1 % HCOOH [] 50% CH₃OH, 0,1 % HCOOH []

50 % CH₂Cl₂, 2 % NH₃ [] CH₃OH []

RP-HPLC buffer []

Other _____

Injection rate: _____ µl/min; Capillary voltage: _____ V; OR _____;

Spectrum type: positive mode [] negative mode []

Spectrum name: _____

Comments: _____