ESI-TOF Analysis Submission

CBC Mass Spec Facility (CBEC 075)

Name:	Date/Time Submitted:
Name.##: Reset	arch Group:
Account Number:	(only needed if you have multiple active accounts in FOM)
Sample Toxicity:	Return Sample after Analysis? Yes No
Analysis Selection:	
\Box Positive Mode \Box Negative Mode \Box Both	
□ HRMS Quality Needed for Publication	
\square MS/MS Parent m/z to fragment: (discuss w/ Dr. Friedman before submitting)	
Sample Information	
Sample Name	
□ Purified Product □ Crude Mixture	
Expected Molecular Weight *	
Expected Formula/Sequence/Structure *	
Sample Concentration & Volume Submitted	
	cessary? (estimate dilution factor)
Preferred Solvents for Dilution (critical info)	
Are any of these solvents incompatible with your compound?	
\Box Acetone \Box Acetonitrile \Box Acetic Acid \Box Chloroform \Box Methanol	
□ Methylene Chloride □ Tetrahydrofuran □ Water	
Sample is sensitive to: \Box Acid \Box Air \Box Water \Box Light	

Known/Suspected Impurities** List solvent, buffer, leftover reactants, expected side products

Special Instructions (expected charge states, etc.)

^{*} Correct MW and structure information is critical to collect good data. Please email the sequence/structure to <u>friedman.270@osu.edu</u> if you cannot list or draw it here

^{**} Sample must be free of non-volatile buffers/electrolytes, detergents, salts, incompatible solvents, particulates