University of Delaware Mass Spectroscopy Facility

Low Resolution LCMS Submission Form

Sample Label: __________________________ Department: __________________________
Institution: __________________________ Principal Investigator: __________________________
Contact Person: __________________________ email: __________________________

Structure: | Requested Analysis:
(check) Positive | Negative

ESI | APCI

Molecular Formula:

Vial Label: __________________________ Mass of sample ________ (0.1-0.5mg is ideal)
Solvent (if in solution) __________________________ Volume ________

Additional Comments: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Instructions:
All samples should be filtered and ≤ 0.1mg/ml, and submitted with this form. If sample requires
reverse phase HPLCMS, please contact the facility to coordinate analysis of the mixture.

Please contact the facility before submission of any time sensitive or unstable compounds.

Stephen Chan, Director of Mass Spectrometry Facility
110 Lammot duPont Lab (302) 831 3578 schan@udel.edu (or)

Jesse McAtee, Graduate Student Assistant to the MS Facility
225 Lammot duPont Lab (302) 831 1532 jmcatee@udel.edu