


Tel-Aviv University אוניברסיטת תל אביב
Mass Spectrometry מס ספקטרומטריה

Sample Submission Form טופס למסירת דוגמה

| | |
|--|---|
| Name: _____ Research Group: _____ Email: _____ Department: _____ Building _____ Room _____ Telephone: _____ Mobile: _____ Desired information: <input type="checkbox"/> Mw <input type="checkbox"/> Hi Res <input type="checkbox"/> MS/MS _____ _____ Signature _____ | Put Your Sample Here  |
|--|---|

| | |
|--|--|
| Sample Name: _____ Formula: _____ MW: _____ Handling <input type="checkbox"/> RT <input type="checkbox"/> Refrigerate 5 °C <input type="checkbox"/> Freeze -18 °C <input type="checkbox"/> Light sensitive <input type="checkbox"/> Air/moisture sensitive Amount <input type="checkbox"/> Solid: (mg) _____ <input type="checkbox"/> In Solution (mg/ML) _____ Solvent: _____ Notes: _____ | Structure: Toxicity: <input type="checkbox"/> Extremely toxic <input type="checkbox"/> Toxic <input type="checkbox"/> Safe <input type="checkbox"/> Biohazard <input type="checkbox"/> unknown Solubility: <input type="checkbox"/> H ₂ O <input type="checkbox"/> MeOH <input type="checkbox"/> MeCN <input type="checkbox"/> CH ₂ Cl ₂ <input type="checkbox"/> DMSO <input type="checkbox"/> Hexane Other: _____ |
|--|--|

For MS Lab use only

| | | | | | | | | | |
|-----------------------------|-------------------------------|--------------------------------|--------------------------------|------------------------------|-------------------------------|--------------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> EI | <input type="checkbox"/> ESI | <input type="checkbox"/> APCI | <input type="checkbox"/> ASAP | <input type="checkbox"/> POS | <input type="checkbox"/> Nom | <input type="checkbox"/> MS/MS | <input type="checkbox"/> LC | <input type="checkbox"/> SYNAPT | <input type="checkbox"/> Xevo-TQD |
| <input type="checkbox"/> CI | <input type="checkbox"/> APPI | <input type="checkbox"/> MALDI | <input type="checkbox"/> _____ | <input type="checkbox"/> NEG | <input type="checkbox"/> Acc. | <input type="checkbox"/> MRM | <input type="checkbox"/> GC | <input type="checkbox"/> Autospec | <input type="checkbox"/> Autoflex |

Job No. _____ **File Name** _____ **Mode** _____

API: Capillary/Corona _____ S.Con _____ E.Con _____ Desolv. temp _____ Flow _____
EI/CI: 70 eV 8KV Inlet _____ Amp /°C _____ Source temp _____ Cl gas _____
MALDI: LE _____ **MS/MS:** Precursor: _____ CE: _____
 Matrix: DHB αCN _____

Solvents: H₂O MeOH MeCN CH₂Cl₂ DMSO Other _____ Additives _____
Acetone Toluene _____

Comments: _____

Operator's signature: _____ Date: _____

Class: X A B C D E