



**UNIVERSITY OF WATERLOO**  
FACULTY OF SCIENCE

# Mass Spectrometry Facility

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## Request for Mass Spectrometric Analysis (please complete the following)

Date:	<input type="text"/>	Bill to:	<input type="text"/>
Submitter:	<input type="text"/>	Phone/Fax:	<input type="text"/>
Department:	<input type="text"/>	Address:	<input type="text"/>
E-mail:	<input type="text"/>		

## Sample Information

Sample code/name:	<input type="text"/>	Storage conditions:	<input type="text"/>
Molecular weight:	<input type="text"/>	Compound stability:	<input type="text"/>
Elemental composition:	<input type="text"/>	Quantity/concentration:	<input type="text"/>
Suitable solvent(s):	<input type="text"/>	Air/moisture sensitive	<input type="checkbox"/> Light sensitive <input type="checkbox"/>
% Purity and known contaminants:	<input type="text"/>		

## Analysis Technique (please check the box that is applicable to your sample)

Ionization	Positive	Negative
ESI	<input type="checkbox"/>	<input type="checkbox"/>
APCI	<input type="checkbox"/>	<input type="checkbox"/>
DART	<input type="checkbox"/>	<input type="checkbox"/>
MALDI	<input type="checkbox"/>	<input type="checkbox"/>
Ion Mobility*	<input type="checkbox"/>	<input type="checkbox"/>
EI GC/MS	<input type="checkbox"/>	N/A

### Techniques

- Nominal Mass   
 Accurate Mass   
 Infusion/Batch Introduction

UPLC\* / HPLC / GC  
(please specify the conditions)

## Sample Description and Structure

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If you have any questions please contact the Facility Manager.