

# MASS SPECTROMETRY UNIT SAMPLE SUBMISSION FORM

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Trinity  
College  
Dublin

The University of Dublin

<b>Name</b>		<b>Date</b>	
<b>Supervisor/ Group</b>		<b>e-mail</b>	
<b>School</b>		<b>Phone</b>	
<b>Organization</b>		<b>Purchase Order No. *</b>	

\*For a quotation please contact the unit by email prior to submitting samples. All external samples MUST be submitted with a purchase order number.

## SAMPLE DETAILS

<b>Sample Name</b>			
<b>Molecular Formula</b>			
<b>Exact Mass *</b>		<b>Sample Properties</b>	
<b>Solvent</b>		<b>Experiment</b>	
<b>Other Information</b>			

\* Please give exact mass to 4 decimal places NOT molecular weight

## Structure

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## Result/Comments

<b>File Name</b>	<b>Instrument/Technique Used</b>	<b>Observation</b>