Mass spectrometry unit   
sample submission Form

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|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Supervisor/ Group |  | e-mail |  |
| School |  | Phone |  |
| Organization |  | Purchase Order No. \* |  |

\*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**

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Name |  | | |
| Molecular Formula |  | | |
| Exact Mass \* |  | Sample Properties |  |
| Solvent |  | Experiment |  |
| Other Information |  | | |

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

**Structure**

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|  |

**Result/Comments**

|  |  |  |
| --- | --- | --- |
| File Name | **Instrument/Technique Used** | Observation |