

RUTGERS UNIVERSITY – NEWARK

DEPARTMENT OF CHEMISTRY

FT-ICR MS Facility Scheduling Form

Organization: _____

Address: _____

User Name: _____

Telephone: _____ E-mail: _____

Please provide the following information:

1. Types of samples to be run: _____

2. Previous mass spectral analyses on these samples: _____

3. Type of analyses expected: ___ survey of specific m/z range
 ___ ultrahigh resolution mass measurement
 ___ structural characterization of selected compounds

4. Ionization source: ___ ESI ___ nano-ESI ___ MALDI

5. Need for LC pre-separation: ___ Yes ___ No

If yes, solvents to be used: _____

Is LC method developed: _____

User is expected to provide LC column and solvents.

6. Ion mode of analysis: ___ (+) ___ (-)

7. Fragmentation: ___ In source-CAD; ___ C-CAD; ___ SORI-CAD; ___ IRMPD; ___ ECD

8. Number of days required for analysis and time-frame: _____

Special comments: _____
