Mass Spectrometry Facility

Advanced Analysis Centre
Science Complex Rm. 1205
Tel. 519-824-4120 ext. 58649
dbrewer@uoguelph.ca

Request for GC Mass Spectrometry Analysis

Date Submitted:				**E-mail:**		
Submitted By:				**Phone Number:**		
Post-doc ☐	**PhD** ☐	**MSc** ☐	**Undergrad** ☐	**Tech** ☐	**Faculty** ☐	**Other** ☐
Supervisor:				**Department:**		

Please indicate if you want the rest of your sample returned

Sample Code: Please use reverse or separate sheet if space is not enough		**Number of Samples:**	
Sample Preparation Required (additional cost):			
Extraction:		**TMS Derivitization**	
Sample Introduction (choose one)			
Solution ◯ **Solvent:**	**Headspace:** ◯	**SPME** ◯ **SPME Fiber**(if known)**:**	
For other sampling methods contact the Facility: dbrewer@uoguelph.ca			
Separation Method			
Method Development Required: Yes ◯ No ◯			
Reference Method from Journal Provided: Yes ◯ No ◯			
DB5-MS column: (non-polar good for broad range of compounds) ◯ **OR** ↓			
DB-Wax column: (polar column good for alcohols, free organic acids, solvents, essential oils, flavors and fragrances) ◯			
Analysis type			
Single Compound Confirmation with NIST Database Search:			
Sample Profiling with NIST Database Search:			
Relative Quantitation Between Samples:		**Internal Standard (if included):** **MW:**	
Quantitation of Specific Compound(s):	**Compound Name:**	**Compound MW:**	**Concentration Range:**
Please note quantitation of specific compounds will require the supply of compound standards, method development ($50) and the production of a calibration curve at additional cost ($50).			

For price information please visit https://www.uoguelph.ca/aac/facilities/mass-spectrometry

I approve payment for this work within a 10% variance of estimated amount quoted at https://www.uoguelph.ca/aac/facilities/mass-spectrometry and I authorize the Mass Spectrometry Facility and CBS Clerical Unit Staff to charge my

Trust Fund# _____ - _____ - _____ - _____ - ____64251____

Please provide full coding

Signature: _____