



Analytical Platform of the Institute of Pharmacy

Demand of analysis

Date/Hour

Laboratory

First and last name

Phone:

Analysis: Select the type of analysis

Mass spectrometer:

Infusion

LC

MS

MS/MS

If LC, which column:

Sample:

Formula (e.g. $C_xH_yO_zN_w$):

Commentary

paste an image of the structure
(* .jpg, * .gif, * .png, * .tif)

Concentration Unit:

Solvent: Other:

Expected mass : m/z

or

Min: 25 m/z
Max: 3000 m/z

Sample filtered

Mass range : m/z

Raw Sample

Part filled by a responsible of the analytical platform

Reception date:

Name and signature:

Cahier N°:
Page N°: