

**User information**

Date/Hour

Laboratory:

First name:

Last name:

Phone:

**Analysis request**
**Analysis type:**
**MS type:**

Ionization type:

 LC

 Infusion

 MS

 MS/MS

 HRMS

Ionization mode:

Mass spectrometer:

If LC, specify colum type:

**Sample information**

Sample code:

 Formula (e.g. C<sub>x</sub>H<sub>y</sub>O<sub>z</sub>N<sub>w</sub>):

Molecular weight (g/mol):

Toxic?

 Keep in the dark

 Keep cold (4°C)

 Sample filtered

 Raw Sample

Comment

Structure:

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

**Sample quantity:** please indicate the sample concentration if sample in solution or the **precisely** weighted sample mass (2 decimals after mg).

Concentration:



or

Sample mass:

mg

**Sample solubility:** please indicate the solvent and their proportion for dissolution and dilution of the sample.

Solvent 1:

% 1:

Solvent 2:

% 2:

**Expected results**

Expected m/z value:

m/z

Charge of the precursor ion:

or

Mass range: from

m/z to

m/z

**NB:** Min.: 25 m/z - Max.: 3000 m/z

**Reserved to the APFP staff**

v 4.0, September 2021

Reception date:

Name and signature:

Notebook n°:

Page n°:

This form have to be **send through the APFP website** and must be **printed and joined to your sample**.  
If you have any question, please contact the APFP team: +32 2 (0)2 650 52 70 or [apfp@ulb.be](mailto:apfp@ulb.be). Thank you!