

Mass Spectrometry Laboratory,  
 Institute of Organic Chemistry PAS  
 44/52 Kasprzaka St., 01-224 Warsaw  
 room number. 010, 011 tel. (022) 3432211  
 e-mail: mslab@icho.edu.pl

	Date of order receipt
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**CUSTOMER**

		IChO customer <input type="checkbox"/>	External customer <input type="checkbox"/>
Name		Team/Institution.....	
Phone number	Grant	Signature of entitled person	

**SAMPLE INFORMATION**

Sample ID	Formula	Molecular weight
<input type="checkbox"/> <b>Unknown structure</b> Possible elements : <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> Cl <input type="checkbox"/> Br		Solubility: <input type="checkbox"/> methanol <input type="checkbox"/> acetonitrile <input type="checkbox"/> water <input type="checkbox"/> acetone <input type="checkbox"/> chloroform The sensitivity of the compound: <input type="checkbox"/> MeOH <input type="checkbox"/> humidity <input type="checkbox"/> light <input type="checkbox"/> temperature
Chemical Structure .....		structural formula .....
<b>Sample return:</b> <input type="checkbox"/>		Store the sample in the refrigerator: <input type="checkbox"/>
		volatile sample <input type="checkbox"/>

**TYPE OF MEASUREMENT**

<b>Ionization/measurement method</b>				<b>Resolution</b>	
EI <input type="checkbox"/>	FI/FD <input type="checkbox"/>	APPI <input type="checkbox"/>	GC-MS <input type="checkbox"/>	High resolution measurement (HR) <input type="checkbox"/>	
ESI <input type="checkbox"/>	APCI <input type="checkbox"/>	ASAP <input type="checkbox"/>	LC-MS <input type="checkbox"/>	Sample measured in self-service mode <input type="checkbox"/>	
Electronic version of results: .doc <input type="checkbox"/> .pdf <input type="checkbox"/> XY(.txt) <input type="checkbox"/> e-mail adress:.....					
COMMENTS:					

		GC-MS <input type="checkbox"/>	server <input type="checkbox"/>
EI LR <input type="checkbox"/>	ESI etc. LR <input type="checkbox"/>	LC-MS <input type="checkbox"/>	e-mail <input type="checkbox"/> DATE: .....
EI HR <input type="checkbox"/>	ESI etc. HR <input type="checkbox"/>	HR <input type="checkbox"/>	printout <input type="checkbox"/>

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