

WOODS HOLE OCEANOGRAPHIC INSTITUTION
FT-ICR MS Facility Scheduling Form

Organization: _____

User Name(s): _____

Address: _____

Telephone: _____

Email Address: _____

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 (e.g., survey of specific m/z range; ultrahigh resolution mass measurement of selected compounds; structural characterization of selected compounds):

- 4) Ionization source needed (ESI, nESI, NanoMate ESI (with/without fraction collection), MALDI, APCI):

- 5) Need for LC pre-separation (y/n). If yes, provide list of solvents to be used and indicate if LC method is fully developed. (User is expected to provide LC column and solvents.)

- 6) Ion mode of analysis (+/-):

- 7) Fragmentation needs (CID, ECD, IRMPD):

- 8) Number of days required for analysis and optimal time-frame:

Special requests: