

GC/MS SUBMITTAL FORM

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Name _____ E-mail: _____ Date: _____

Research adviser: _____

Sample name: _____ Solvent: _____

Capillary column type _____

Oven temperature program: _____

Quantitation? (Y/N) _____

Expected components	Empirical formula (e.g. CH ₃ OH)	Molecular weight (g/mol)	b. p. (°C)	Concentration (mg/ml or %)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

** If you are interested in the GC/MS service please contact the MS lab manager. More detailed background information may be needed and you may have to provide the necessary chromatography conditions and, in some cases, the capillary column.