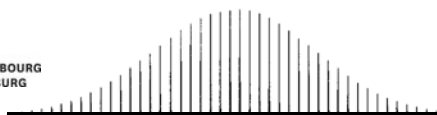


Please write in ALL CAPITAL letters



MS Order No.

Please leave this box empty

Name and Family name:

Date:

Email:

Group:

Lab.:

Research-Group: AC AK AZ AF AR CB KF FZ Syn. AMI Ext.

Sample Name:

Formula:

monoisotopic Mass:

Structure:

Ionisation-Method: Mode: pos.
 neg.

Sample is acid labile: no yes

volatile m.p. < 200°C m.p. > 200°C

EI

solubility: Water

ESI

Methanol

HR-ESI (exact mass)

Acetone

MALDI Matrix: DCTB

Acetonitrile

DHB

Chloroform

.....

THF

.....

Remarks:

Name:

MS-Service UNI Fribourg- Department of Chemistry

Please leave this box empty

Sample Name

Sample