



Evaporation from 2-mL Vials on the Agilent 7696A Sample Prep WorkBench: Septa Unpierced, Septa Pierced with a Syringe Needle, Septa with an Open Hole

Application Note

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Introduction

In the course of sample analysis by gas chromatography, the vial septum may be pierced multiple times before each injection, often with multiple injections. Once the septum is pierced, solvent evaporation from the vial occurs. This usually does not create a reproducibility problem for GC analysis, even with multiple injections, unless the time between runs is an hour or longer. With the Agilent 7696A Sample Prep WorkBench, the number of times a septum is pierced may be greater, and the time before the final sample is analyzed may be much longer than is typical in GC.

Another problem that arises with the Agilent 7696A Sample Prep WorkBench is the need to withdraw large volumes from 2 mL vials. For example, transferring 0.5 mL solvent or sample from one vial to another can create a partial vacuum in the source vial. This results in poor reproducibility because the degree of vacuum varies from vial to vial and the amount of liquid actually transferred also varies. One way to eliminate this problem is to prepierce the septum with a small off-center hole so that no vacuum is created and the syringe needle is still wiped by the septum when withdrawn from the vial.

The evaporation rates of hexane (bp = 70 °C) and isooctane (bp = 100 °C) were measured at ambient temperature for three different septum scenarios to determine the magnitude of the problem. The three scenarios are as follows: a new unpierced septum, a septum prepierced approximately nine times, and a septum cored to prevent vacuum formation. Evaporation from the new, unpierced screw cap vial septa was considered negligible. Evaporation was greater with the septa pierced with a syringe needle and much greater with the cored septa.



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Experimental

Hardware

Vials: 2 mL glass screw cap (5182-0714)
Septum caps: With PTFE/red silicone rubber (5185-5820)
Septum types:
A = new, unpierced
B = pierced approximately 9 times with syringe needle
C = new, cored off-center with a 0.5 mm hole

The type B septa were prepierced with GC injections. The type C septa were cored with a miniature "cork borer" made from a brass tube (1/16" od x 0.035" id). One end was filed to create a sharp inner edge. The holes created were about 0.5 mm id.

Fifteen empty vials plus caps were weighed. Five contained type A septa, five contained type B and five contained type C. Vials were filled with about 1 mL of solvent each, reweighed, and placed in a Agilent 7696 sample tray. Vials were weighed again after 24 and 96 hr at room temperature (23 °C).

Table 1. Average Evaporation Rates from Vials with the Different Septa

Solvent: hexane, bp = 70 °C

After:	Septum:	A		B		C	
		%loss	%loss/hr	%loss	%loss/hr	%loss	%loss/hr
24hr		0.00	0.00	7.27	0.30	21.06	0.88
96hr		0.03	0.00	29.21	0.30	84.55	0.88

Solvent: isooctane, bp = 100 °C

After:	Septum:	A		B		C	
		%loss	%loss/hr	%loss	%loss/hr	%loss	%loss/hr
24hr		0.12	0.01	2.74	0.11	6.84	0.29
96hr		0.65	0.01	11.38	0.12	28.26	0.29

A New, unpierced septa
B Septa prepierced about nine times
C Septa cored to prevent vacuum formation

Results

The %loss/hr for the different septum types for hexane is:

A = 0
B = 0.3
C = 0.9

The %loss/hr for the different septum types for isooctane is:

A = 0
B = 0.1
C = 0.3

Table 1 lists average evaporation rates from vials with the different septa.

Conclusions

This data provides a rough idea of the effect solvent evaporation has on our preparation results. It is up to the user to determine what level of evaporation can be tolerated based on the specific method and length of time between initial and final samples in the preparation. When a method requires vacuum relief holes in the septa, the transfers should be performed early in the method if possible, and even perhaps as a separate method so that vials can be recapped before significant evaporation occurs.

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Printed in the USA
November 10, 2010
5990-6846EN



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