



**Integral Centre of Excellence for Interdisciplinary Research (ICEIR)
Central Instrumentation Facility (CIF)
Integral Laboratory for Chemical/Biological Analysis & Research (IL-C/BAR)**

**REQUISITION FORM
Instrument Facility: LCMS/MS**

Date:

Name:

Department:

Test Parameters

Samples: a). Number

b). Labeling:

c). Quantity

i). Solid Sample (minimum quantity- 0.1gm).....

ii). Liquid Sample (minimum quantity- 1-2mL)

Sample Preparation Details:

.....

Solvent used (Non Volatile and Non polar):

Mobile phase & HPLC conditions:

.....

Previously HPLC done (YES/NO):

Expected Mass Range:

Sample Nature: i). Toxic/Hazardous/Radioactive

(If YES, attach committee approval details)

ii). Light/Temp Sensitive.....

Undertaking: I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing my sample(s). I/We shall not claim for any damage/harm of my sample(s) submitted for analysis. I/We shall give due acknowledgement in publications by mentioning “*The authors are thankful to the Integral Referral Laboratory for Chemical/Biological Analysis & Research, CIF, Integral Centre of Excellence for Interdisciplinary Research (ICEIR) for providing necessary facilities and technical support*” .

Candidates Signature
Contact No.
E-mail:

Supervisor/HOD
(Signature with Date)

(For CIF, ICEIR use only)

Lot no:
Sample Analysis Date:
Reporting date:

Faculty In-charge
(Signature with date)

Dean R& D/Director ICEIR
(Signature with date)