



LC/MS & MS/MS ANALYSIS REQUEST FORM

Spectroscopy Facility, DST-PURSE Laboratory, Mangalore University

Incompletely filled sections may result in sample rejection!

Contact Details:

Name: _____

Name of Supervisor & Designation: _____

Department & Organization: _____

Tel. no.: _____ email: _____

Billing address: _____

Sample Details:

Sample ID: _____ (Alphanumeric)

Description of sample:

Proposed Formula/Structure/Elements present etc.:

Mass of the expected Compound(s):

Other Information (If any):

Molecular weight: _____ Stability: _____

Storage (Only at room temp.): 24 °C – 27 °C Toxicity issues: _____

Solution samples: YES/NO

Concentration of sample: _____ Solvent(s): _____

Dry samples: YES/NO

Amount submitted: _____ Soluble in: _____

Samples containing buffers or salts:

Please give details:

Analysis Requirements: (please tick appropriate boxes)

Ionization Mode: LC/MS ☐

MS/MS ☐

ESI ☐

*APCI ☐

*Note: APCI Prob. is currently not available.

MS/MS: ion(s) of interest: _____

Details of column: _____

Mobile phase: _____ Flow rate: _____

HPLC separation program: Isocratic ☐

Gradient ☐

Please give details: _____

Note: Samples for LC/MS analysis must be accompanied by chromatogram with peaks of interest labelled.

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangotri- 574199.
2. Each publication shall carry the following acknowledgement: "This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangotri". In addition, if we receive help for analysis data from instrument incharge, the same will be acknowledged suitably, either in the form of acknowledgement or by providing co-authorship.

Signature (Candidate)

Signature and Seal (Supervisor)

Signature and Seal
(Chairman/ Head of the
Department)

FOR OFFICE USE ONLY

Accepted date	Operator	Payment details	Comments

Signature (Scientific Officer)

Signature and Seal
(Coordinator)