

 **Central Instrumentation Facility (CIF)**

***Central University of South Bihar***

***Sh-7, Gaya-Panchanpur Road***

***Post- Fatehpur, Gaya-824236***

# REQUISITON FORM

 **Gas Chromatography & Mass Spectrometry (GCMS)**

Incompletely filled sections may result in sample rejection!

1. Name :
2. Mob. No. :
3. Email :
4. Address :
5. Category:  Internal  External
6. Status:  BSc.  MSc.  PhD  Researcher  Others:
7. Name and percentage of solvent used:
8. Samples Properties:  Toxic  Carcinogenic  Normal

 ***Molecular Structure***

**Sample Details**:

Acquired data confidential: Yes/No

Sample information for MS:

1. \*Sample Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \*Molecular Formula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \*Molecular Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \*Melting point: \_\_\_\_\_\_\_\_°C (for solids)

5. \*Boiling point: \_\_\_\_\_\_\_\_°C (for liquids)

6. \*Mass range to get measure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \*Temperature programming in MS or in GC-MS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \*Method of purification& chemical nature of stationary phase used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. \*Expected chemical nature of molecules in elution, with respect to polarity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \*Specify if any metals / metal ions present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Others***

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Analysis Requirement**:

**Ionization Mode:** EI +/EI-/SIM Ion(s) of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of column: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier gas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flow rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GC** conditions: Injector temp.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Splitless: Yes/No

Detector temp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Split: Yes/No Split ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GC** separation program: Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of GC only detector to be use…………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Sample Description* | *No. of Sample to be analyzed* | *Analysis charge per Sample* | *Total Number of Analysis* | *Total Amount* |
|   |   |   |   |   |

***Payment Detail*(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Mode of Payment:**Online/offline* | Internal FundTransferApplicable/Not applicable | Online Transaction/Reference no. & date . | DD Number if applicable |
|  |  |  |  |

**Undertaking:**

By signing this form, I take full responsibility for the payment of the services rendered & also declare that the samples being supplied for analysis is for academic and/or research and developmentpurpose only and the results of the analysis will not be used for settling any legal issues.

*Signature of applicant: Signature of the supervisor/P.I/ Head*

## Note:

1. Analysis on samples will be done only after receiving the analytical charges and complete details of analysis.
2. External users will not be allowed to handle instruments under any circumstances.
3. CIF (CUSB) reserves the right to return the samples without performing the analysis

 and refund the analytical charges under special circumstances.

Remarks (Technical Assistant, CIF) :-

Approved by;

Date approved:

# In-charge (CIF)

**For Office Use (Internal / Outside Samples)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total No of sample Withdate received | Date of sample analysis | Log Book Entry No. | Date of results delivery | AnalystSignature |
|  |  |  |  |  |

***Account Details:-***

*A/c Holder Name:-* ***Central Instrumentation Facility***

*A/c No. :-* ***40431879060***

*IFSC Code:-* ***SBIN0061174***

***Important Note****:*

***Kindly consult Technical Assistant (******CIF@CUSB.AC.IN******) for sample preparation before bringing your samples for analysis in case of any difficulty.***