

# NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Sector-67, S.A.S. Nagar, Mohali.  
Central Instrumentation Laboratory  
Service Request Form  
**LCMS-LCQ**

	Form No	
Name	Date	
Department	Name of Faculty/Guide	
Institute / Industry		
Complete Address		
Email address	Mobile No	

S. No	Sample Code	Pure	Reaction Mixer	LCMS	MS	Expected Range or Mass or M+H <sup>+</sup> Or M+Na <sup>+</sup>	Solubility (MeOH, ACN, H <sub>2</sub> O)	Mobile Phase (LCMS)	Flow Rate	λmax	Run Time	Ionization Mode APCI/ESI
1												
2												
3												
4												
5												

Maximum limit 5 samples per requisition form (Strikeout blank lines).

The sample concentration should be less than 500 µg/ml (500µl).

The samples should be prepared in HPLC grade solvents.

Sample preparation	Please provide sample filtered through 0.45 micron membrane filter only.
Nature of Sample/Any special storage condition required	Lachrymatory, Explosive, other
Any additional Information	

*It is certified that sample is not a reaction mixture and does not contain non-elutable inorganic impurities.*

\_\_\_\_\_  
Signature of Authority

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

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

### For Outside Sample(s)

Entry No.	Receipt / Invoice No.	Amount (₹)	Date