**UNIVERSITY  OF MYSORE**

**CENTRAL INSTRUMENTATION AND RESEARCH FACILITY**

**INSTITUTION OF EXCELLENCE**

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

**Requisition for LCMS Analysis**

**Sample Submitted by Details of the Guide**

Name : Name :

Department : Department :

Contact No. : Contact No. :

Email ID : Email ID :

Category : **Researchers - Institution of Excellence**

**Sample Information**

Submitted Date : **Structure/Molecular formula/Molecular weight**

Sample Name :

Sample ID :

Solubility :

No. of samples :

 **Type of Analysis**

LCMS MADLI APGC Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

I agree that all the information provided above is true. In any publication to be published using the results, LCMS Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Signature of the Student Signature of the Guide (With seal)

Signature of the Instrument in-charge

**For Office Use Only**

**Reference No.:**

**Allotted Date and Time..............................................Duration.........................................................**

Analyzed by Principal Scientist