

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory

Service Request Form

**MALDI TOF / TOF Mass Spectrometer**

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

S No.	Sample Code	Protein, Peptide Polymer or Other	Solubility	Matrix DHB/ HCCA/ Sinapic acid/ others	Conc.	Expected Mass (Range)	Experiment		Mode	
							MS	MS/MS	Liner	Ref
1										
2										
3										
4										
5										

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

Sample quantity required is 500 µg/ml (10µl)

Sample preparation	
Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, other
Any Additional Information	

\_\_\_\_\_  
Signature of Authorized Person

**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)**

Date	Receipt / Invoice No.	Amount (₹)