

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

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

		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 APC/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	

*Only forms signed by the concerned faculty shall be accepted. For submission of more than three samples in per day, additional approval of in-charge CIL is required.*

*It is certified that sample is new (not reported in literature).*

\_\_\_\_\_  
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