



**CENTRE FOR INSTRUMENTATION AND MAINTENANCE FACILITY
(CIMF)
PERIYAR UNIVERSITY, SALEM – 636 011, TAMIL NADU, INDIA**

**REQUISITION FOR DATA COLLECTION OF SAMPLE(S) FROM
GAS CHROMATOGRAPHY - MASS SPECTROMETER (GC - MS)**

User Information

Date:

Name	
Designation	JRF / SRF / RA / FACULTY / Others (Specify)
Affiliation	
Address for communication	
Billing address	
Mobile / Telephone Number	
E-mail Address	
Purpose for which the measurement is requested	
Broad Research Area / Topic	

Ref. No. Date. Amount..... Bank

Certify that the sample(s) submitted belong to the above addressed user. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the equipment from CIMF, Periyar University, Salem. I will intimate the details of publication reference (Journal name/volume Number/names of the authors/date of issue of the publication etc.) to CIMF.

Signature of user / Research scholar

Signature of Research Supervisor / Faculty
(with seal)

Signature of GC – MS In-charge

Sample Details

Type of Sample	Biological / Chemical / Others
No. of Samples (Maximum 10 samples are allowed per requisition)	
Sample ID	
Solvent	<input type="checkbox"/> CHCL3 <input type="checkbox"/> DCM <input type="checkbox"/> Ethanol <input type="checkbox"/> Methanol <input type="checkbox"/> Acetonitrile <input type="checkbox"/> Other solvent (Please specify)
Molecular Formula	
Nature of sample (If Health Hazardous provide handling instruction)	Health hazardous / MP / BP
Any special request (please specify)	
Conditions: 1. Contact CIMF before preparing / submitting the sample. 2. GC-MS = peak separation profile + RT + Area + base peak fragmentation profile For any additional fragmentation spectra extra charge of Rs. 30/- per peak. 3. User should provide detailed method of protocol 4. User should supply standards as per their requirement.	

Analysis to be carried (Please tick the appropriate item(s))

GC-MS	
GC-MS with Library search	

Note: The GCMS analysis will be collected only after the receipt of payment.

Charges for the measurement should be sent through an advance online payment drawn in favor of “**The Registrar – CIMF Instruments, Periyar University**” along with the samples, to **The Director, Centre for Instrumentation and Maintenance Facility (CIMF), Periyar University, Salem – 636 011.**

FOR CIMF OFFICE USE

User Ref. No.

PU	CIMF	GC-MS				
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Signature of the Director, CIMF	
Requisition Number	
RTGS / IMPS / NEFT / Pay-in-Slip / UPI	Ref. No: _____ Amt: Rs. _____ Date: _____ Name of Bank: _____
Date of GC-MS analysis Completion	