

Department of chemistry, IIT Madras
ESI- MS FACILITY

User Information

Name: _____

Billing name: _____

Address: _____

Email ID: _____

Phone number : _____

Sample informationAnalysis Required: ESI in +ve/ -ve mode(tick your choice) Unit mass (ex:355) Exact mass (ex:355.2564)

S.NO	Sample code	Mol.Wt	Mol.Formula	☆Solvent (MeOH,DCM,CH3CN, Water,others)
Special instruction if any:				

Payent details _____

Date: _____

Student's signature**Research Guide's signature & seal**

Date of receiving sample:

Date of analysis sample:

Department of Chemistry, IIT Madras

HRMS (DST-FIST Funded)

Requisition Form (Internal Users)

User Information

Name:

Date:

Email:

Lab Phone:

Research Guide:

Required Mode: positive/negative

Required Range:

Sample Details

Sl. No	Sample Code	M.Wt	Molecular Formula*	Solvent	Any other Information	Office use only

(*Provide expected structure at the back of this form)

Signature of the Guide

Signature of Operator

Date of Completion

----- cut here -----

Department of Chemistry, IIT Madras

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