National Institute of Immunology Central Mass Spectrometry Facility (CMSF) Mass Spectrometry Experiment Requisition Form GAS CHROMATOGRAPHY MASS SPECTROMETER

Email: cmsf@nii.ac.in

1.	Name of the Institute / Student / Researcher / Fellow:		
2.	Name of the Laboratory:		
3.	Name of the PI / Scientist:		
4. Section # 2:		Mobile: Email: e explicitly if the sources of the sample is h	nazardous):
5.	Is the sample contagious? Yes / No		
6.	What is the BSL level of sample prior to digestion? BSL1 / BSL2 / BSL3		
7. Section # 3:	Origin of the sample: Sterol / Sample Information:	fatty / urine / plasma / fecal / cell cultu	ure/Others
8.	Total number of samples:		
9.	Code No./Sample Names:		
10.	Description of sample: Please delete those parameters that are not applicable.		
	A. Sample quantity inform	nation:	
	a. Concentration of th	e sample:	
	b. Quantity of the sam	iple:	
	c. Nature of the samp	le: Solid / liquid / lyophilized.	
	d. Sample storage con	ditions / stability	
	e. Database to be use	d for processing:	
Section # 4	f. Labelled / Unlabele : Method Parameters:	d (Specify)	
	a. Column to be used:		
	b. Conditions for analy	ysis:	
	c. Column temperatur programme	re injection temperature	oven
	d. MS conditions	Source temperature	
	e. Flow rate of Helium	gas	
	quality of the output data is direction and are entirely the re	ectly proportional to the quality of the sar esponsibility of the user.	mples and thei
Signature		Signature	
(Student / Researcher / Fellow)		PI / Scientist	

Date Received:

CMSF Study No.