

**LC/MS & MS/MS ANALYSIS REQUEST FORM**  
Mass Spectrometry Facility, DST-PURSE Laboratory, Mangalore University

Name of applicant:

Name of the Supervisor:

Name of the institution:

Address:

Tel. no.:

E-mail:

Billing address (for Non-Mangalore University customer):

*Sample Details:*

Sample ID: \_\_\_\_\_ (Alphanumeric)

*Description of sample:*

Proposed Formula/Structure/Elements present etc.:

Mass of the expected Compound(s):

Other Information (If any):

Molecular weight: \_\_\_\_\_ Stability: \_\_\_\_\_

Storage (Only at room temp.): 24 °C - 27°C Toxicity issues: \_\_\_\_\_

*Solution samples: YES/NO*

Concentration of sample: \_\_\_\_\_ Solvent(s): \_\_\_\_\_

*Dry samples: YES/NO*

Amount submitted: \_\_\_\_\_ Soluble in: \_\_\_\_\_

Samples containing buffers or salts:

Please give details:

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Analysis Requirements: (please tick appropriate boxes)

Ionization Mode: LC/MS  MS/MS  ESI  \*APCI

\*Note: APCI Prob. is currently not available.

MS/MS: ion(s) of interest: \_\_\_\_\_

Details of column:

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Mobile phase: \_\_\_\_\_ Flow rate: \_\_\_\_\_

HPLC separation program: Isocratic  Gradient

Please give details:

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**Note:** Samples for LC/MS analysis must be accompanied by chromatogram with peaks of interest labelled.

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangothri- 574199.
2. For each publication shall carry the following acknowledgement: "This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangothri". In addition, if we receive help from instrument incharge, the same will be acknowledged suitably, either in the acknowledgement or as a co-author.

Signature (**Candidate**)

Signature and Seal (**Supervisor**)

Signature and seal  
(**Chairman/ Head of the  
department**)

**FOR OFFICE USE ONLY**

Accepted date	Operator	Payment details	Comments

Signature and Seal (**Scientific Officer**)