



REQUISITION FORM

User Information

Name: Designation:.....

Billing Address:

Phone Number: E-mail:

Required Instrument facility:

LC-HRMS

Particle Size Analyzer

Lyophilizer

Type of analysis required:

Only mass

UPLC-HRMS

UPLC-HRMS/MS

HRMS Forensic analysis

Particle size

Zeta potential

Lyophilization

DETAILS OF SUBMITTED SAMPLES

Sl. No.	Sample Code	Sample solubility (Methanol/Acetonitrile/ Ammonia/ Acetic acid/ water) *Mention if analysis is required in any other organic solvent	Expected Molecular Weight & Formula	Library searchrequired (Y/N)

Sample Preparation & Handling Instruction (if any)

N.B.:

1. If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.If possible kindly mention sample toxicity.
2. For LC-HRMS analysis please provide 5-10 mg sample in a clean vial.

डीबीटी-आरआरएसएफपी-सहज
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ड्रगमेटाबोलॉमिक्सप्रयोगशाला
DRUG METABOLOMICS LABORATORY
त्रिपुराविश्वविद्यालय
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I hereby certify that the user is a bonafide research student/employee of our organization. The submitted samples do not fall under any severe toxic/radioactive substance/ infectious material/banned or restricted itemcategory.

Date:

Place:

Signature& Seal
(HOD/ Coordinator/ PI)

Please Note:

The charges have to be paid in advance at the time of submission of sample(s). All payments should be made by SBI Challan/ online transfer/NEFT to the Name: DBT SAHAJ PROJECT TU, A/C No. 41582180095,IFSC: SBIN0010495 of SBI, Tripura University Campus Branch.

A copy of payment proof has to be sent with the sample.

Kindly acknowledge the use of the Facility in your published papers and send us a copy of your published paper.