



BITS Pilani
K K Birla Goa Campus

Central Sophisticated Instrumentation Facility (CSIF)

Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus

&

BITS BioCyTiH Foundation (A section 8 company)



REQUISITION & PAYMENT FORM

(Liquid Chromatography Mass Spectroscopy (LC-MS))

Model: Aligent 6460 Triple Quad

User Name: Unique ID (UIN):

Department: University / Institution:

Email Address: Contact Phone/Mobile No:

SAMPLE INFORMATION

Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....

S. No.	Solubility (HPLC Grade Solvents)	Concentration	Mode of Analysis (ESI/APCI)	Expected Mass	Remarks

Please provide any other important information on a separate sheet (e.g. toxic samples)

PREFERRED SLOT TIMING:

I certify that my samples **do not** present any danger to the personnel or equipment and **I have provided the appropriate handling instructions for safety to the operator before analysis.** I hereby declare that no radioactive sample has been forwarded for analysis.

I/We shall acknowledge the CSIF, BITS PILANI, K K Birla Goa Campus while publishing/reporting the results in journals/conferences or elsewhere.

PAYMENT DETAILS

S.No.	Nature of Analysis*	Rate	Number of samples	Total
Total				

Payment Details:

Source of funding & Details: _____

Total Amount Paid to BITS BioCyTiH Foundation: Rs. _____ /- Date: ____ / ____ / ____

User with date

HOD/Supervisor/PI

Technical In-charge

Accounts Office