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| **logo_iitp** Department of Chemical and Biochemical Engineering**Indian Institute Of Technology Patna**

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**Requisition form for LC-MS/MS Facility** S. No……… Date : \_\_\_/\_\_\_\_/\_\_\_**NATURE OF ANALYSIS AND IONIZATION TYPE:**

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| --- |
| [ ] ESI- MS [ ] ESI-MS/MS [ ] LC-MS/MS |
| [ ] ESI- Positive [ ] ESI- Negative [ ] Dual Mode |

**USER DETAILS:**

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| User Name: ........................................................ Supervisor Name: ............................................................ Designation:........................................................ Designation:.....................................................................Contact No: ...................................................... Contact No: .................................................................... E-mail Address: ................................................. E-mail Address: ............................................................... Department: ......................................................................................................................................................... Affiliation (Academic/Industry/ R & D laboratories): ..................................................................................... |

 **SAMPLE INFORMATION REQUIRED:**

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| No. of Samples\*: .................... Sample ID/Name: ..................................................................................................................................................Molecular Weight: ................................................................................................................................................Sample weight / Density (for liquid samples) Submitted: ...................................................................................Concentration\* (for sample in solution): ..............................................................Solubility (only in Methanol, Acetonitrile, Water, Ethanol, IPA, and DMSO): ..................................................Molecular Formula and Functional Group: ....................................................................................................... ...............................................................................................................................................................................Mass range to be measured (Preferably 100-3200 m/z): ....................................................................................Mobile Phase........................................................................................................................................................Available HPLC conditions: ...............................................................................................................................Toxicity and Stability information (if available): .................................................................................................**\* Note: -** 1. Maximum limit 5 samples per requisition form.
2. Sample Requirement: 5-10 mg for solid or 1-2 ml for liquid
3. Sample concentration should be less than 500 μg/ml**.**
4. Samples should be prepared in LC-MS/MS grade solvents only.
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 Signature of the user  Signature and seal of the supervisor1. **Payment from Department operating grant**: An amount of Rs ………. is sanctioned as the analytical charge towards the measurement with…………. The said amount may be transferred on ledger from department of ……………………. to department of Chemical and Biochemical Engineering.
2. **Payment from R&D project:** An amount of Rs ………. is sanctioned as the analytical charge towards the measurement with ………………. The said amount may be transferred on ledger from the project ……….……….to ledger of analytical charges in DDF of department of Chemical and Biochemical Engineering at R&D, IIT Patna
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Signature of HoD, user department/Dean,

R&D/ Manager/Division Leader

**Terms and Conditions for using the Facilities**

1. The mentioned charges are **excluding any applicable GST.**
2. Samples should be ready to use for/in/with the instrument used in the experiment.
3. Please specify the nature of your sample if it contains any toxic/ flammable/ hazardous/ explosive component. If the sample causes any harm at any instance of the analysis, it will be the responsibility of the user to suitably compensate IIT Patna for the same.
4. The charges mentioned are only for measurement and providing the raw data (in the format possible with the instrument) thereafter. No analysis/software compatibility of data can be claimed later. For consultancy on data analysis, the user may contact the experts separately through head of the department.
5. Measurements are subject to the corresponding instrument being in working condition. The status of instrumental facility will be updated regularly.
6. In case of the measurement remains incomplete due to malfunctioning or any unforeseen situation, the user will be notified. Depending upon user’s discretion, either the payment received will be returned or the measurement will be carried out after the instrument becomes functional (maximum waiting period also may be informed to user).
7. **Analytical Charges:**

**Details of Analytical charges to be paid for using experimental facilities**

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| Sl. no. | Name of the facility | Charges (in INR, per sample, per Mode) |
| IIT Patna users | Users from external academic institutes | Users from Industries/R & D laboratories |
|  | ESI- MS  | 550 | 1650 | 4250 |
|  | ESI-MS/MS | 1100 | 3300 | 8400 |
|  | LC-MS/MS | 2500 | 7000 | 15000 |

1. Payment : Demand Draft only
2. The DD can be in favour of **“Registrar, IIT Patna”**, payable at ‘IIT Patna’.
3. Filled in requisition form along with payment confirmation details **should be sent along with the sample to the address given below.
The Head, Department of Chemical and Biochemical Engineering
# 104/06, IIT Patna
Amhara Road, Bihta
Patna-801106**
4. It is recommended that the user gets the confirmation through e-mail about the sample compatibility as well as the instrument working status etc., before sending any sample/payment.
5. Contact Details:
Email: sksamanta@iitp.ac.in, skazad@iitp.ac.in
Phone: 06115-233-173, 06115-233-702

FOR OFFICE USE ONLY

SLOT ALLOTMENT DETAILS

Date of submission of form:

Job Order Number:

Assigned date and time of execution: No. of slots allotted:

Signature of staff operator/in-charge

Signature of Faculty in-charge