

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

Sector-67, S.A.S. Nagar, Mohali.  
Central Instrumentation Laboratory  
Service Request Form  
**GCMS<sup>n</sup>**

Name		Form No	
Department		Date	
Institute / Industry	Name of Faculty/Guide		
Complete Address			
Email address		Mobile No	

Analysis required (Please tick one)	GCMS		DIMS (Direct Injection for pure compound)		
Column Used for GC	DB-5 or equivalent having dimension: 30m X 0.25mm X 1 micron				
S. No	1.	2.	3.	4.	5.
Sample code					
Solubility					
Ionization Mode EI/CI (for CI mode gas required is Methane / Isobutene)					
Initial oven temp. $\geq 50^{\circ}\text{C}$					
Temp. ramp $^{\circ}\text{C}/\text{min}$					
Final oven temp. $\leq 325^{\circ}\text{C}$					
Expected Mol. Wt.					
Mol. Wt scan range Min 10 & Max 1000 amu					
Sample nature Volatile					
Sample nature Non-volatile					
Solvent cut off time (min)					
Information regarding MS <sup>n</sup> where n =1 to 5 (for MS/MS Precursor ion)					

(Attach extra sheet for any additional information)

Please filter samples through 0.45 micron filter paper before submission for analysis

Sample concentration required is 1 mg/100ml, Minimum sample volume 1 ml.

Please ensure that sample does not contains water

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Preferred Solvents	DCM, Chloroform, Acetone, Methanol, Ethyl acetate
Nature of Sample/Any special storage condition required	Hygroscopic, Lachrymatory, Explosive, other
Any Additional Information	

\_\_\_\_\_  
Signature of Authorized Person

**For Office Use (Internal / Outside Samples)**

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

**For Outside Sample(s)**

Date	Receipt / Invoice No.	Amount (Rs.)