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## Central Instrumentation Facility (CIF)

Central University of South Bihar

Sh-7, Gaya-Panchanpur Road

Post- Fatehpur, Gaya-824236

### REQUEST FORM

### Gas Chromatography & Mass Spectrometry (GCMS)

Incompletely filled sections may result in sample rejection!

#### Contact Details:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dept./Organization: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_

Tel. no.: \_\_\_\_\_ Fax no./email: \_\_\_\_\_

Billing address: \_\_\_\_\_

#### Sample Details:

Retain sample: Yes/No

Acquired data confidential: Yes/No

Sample information for MS:

1. \*Sample Code: \_\_\_\_\_

2. \*Molecular Formula: \_\_\_\_\_

3. \*Molecular Weight: \_\_\_\_\_

4. \*Melting point: \_\_\_\_\_ °C (for solids)

5. \*Boiling point: \_\_\_\_\_ °C (for liquids)

6. \*Mass range to get measure: \_\_\_\_\_

7. \*Temperature programming in MS or in GC-MS: \_\_\_\_\_

8. \*Method of purification & chemical nature of stationary phase used: \_\_\_\_\_

9. \*Expected chemical nature of molecules in elution, with respect to polarity \_\_\_\_\_

10. \*Specify if any metals / metal ions present \_\_\_\_\_ **Others**

Please give details: \_\_\_\_\_

Molecular Structure

#### Analysis Requirement:

**Ionization Mode:** EI      Ion(s) of interest: \_\_\_\_\_

Details of column: \_\_\_\_\_

Carrier gas: \_\_\_\_\_ Flow rate: \_\_\_\_\_

**GC conditions:** Injector temp.: \_\_\_\_\_ Splitless: Yes/No

Detector temp: \_\_\_\_\_ Split: Yes/No

Split ratio: \_\_\_\_\_

**GC separation program:** Please give details: \_\_\_\_\_

## Undertaking:

By signing this form, I take full responsibility for the payment of the services rendered & also declare that the samples being supplied for analysis is for academic and/or research and development purpose only and the results of the analysis will not be used for settling any legal issues.

*Signature of the project P.I/ Head/Dean/applicant and official stamp:*

Date: \_\_\_\_\_

## Note:

1. Analysis of samples will be done only after receiving the analytical charges and complete details of analysis.
2. External users will not be allowed to handle instruments under any circumstances.
3. CIF (CUSB) reserves the right to return the samples without performing the analysis and refund the analytical charges under special circumstances.

Approved by;

Date approved: \_\_\_\_\_

**In-charge (CIF)**

## For Office Use (Internal / Outside Samples)

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

## Payment Detail(s)

Mode of Payment:	Internal Fund Transfer	Online Transaction/ Reference no. & date .	DD/Cheque

*Please return this booking form to:*

*Mr. Raj kumar, Technical Assistant (CIF)*

*Email : [rajkumar@cub.ac.in](mailto:rajkumar@cub.ac.in)*

*Mob : 8935985229*

**Important Note: Kindly consult Technical Assistant (CIF) for sample preparation before bringing your samples for analysis in case of any difficulty.**