NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for LCHRMS

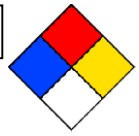
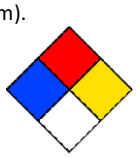
Type of User: NITW / External Academic / Industrial Date:

Name of the user:	Name of the Supervisor /PI:
Department:	Email:
Institute / Industry	Contact No:
Address of the Institute:	
Email:	
Contact No.:	

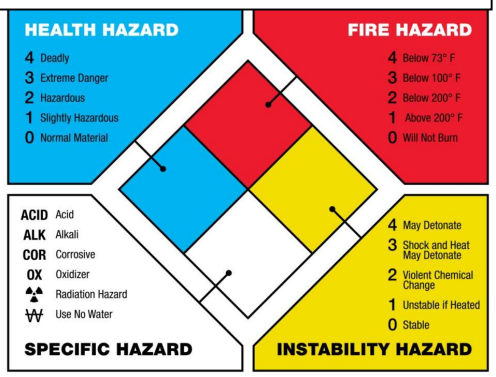
S. No	No of Samples	Sample Code	Pure	Reaction Mixer	Expected mass	Expected Range (or) Mass (or) M+H+ (or) M+Na+	Solubility (MeOH, ACN, H_2O)	Mobile Phase (LCMS)	Flow Rate	λ_{max}	Run Time	Ionization Mode APCI/ESI	Type of Analysis Required (tick)					
													HRMS	Mass+ Compound Formula	LC-HRMS	MSMS	HPLC with DAD detector	HPLC+DAD detector+MS with database for small molecules
1																		
2																		
3																		
4																		
5																		

- The sample concentration should be less than 500 µg/ml (500µl).
- The samples should be prepared in HPLC grade solvents.
- Please provide sample filtered through 0.45 micron membrane only

Please fill in appropriate numbers in the NFPA diamond according to the S.No. above (Refer the image at the end of this form).

1  2  3  4  5 

i. **Sample Properties:** Carcinogenic(carcinogenicity level _____) / Non Carcinogenic Radioactive / Explosive/ Toxic/ Corrosive / Flammable/ Non-flammable/ Others (Specify)
ii. **Whether incompatible with any material** : Yes/No (Specify the materials)
iii. **Toxicity:** Hazardous / Non Hazardous
iv. **Health Hazards:** Yes/No (irritant to skin/ irritant to eyes/ harmful to skin/ toxic if inhaled/ toxic if ingested)
v. **First aid measures:** Eyes/ Skin/Inhalation/Ingestion/Others(specify)
vi. Disposal Methods of the sample:
vii. Additional information if any:



Declaration:

I confirm that the samples submitted for analysis are for research purpose only and the above furnished details are correct and true to the best of my knowledge. I understand that I will be held responsible for any damages arising from incorrect information provided by me against the safety declaration points (**i** to **vii**).

I agree to acknowledge Central Research Instrumentation Facility (CRIF), NIT Warangal for providing (Instrument) analytical facility for my research work, in my publication. I also agree to send the publication reference to crif_head@nitw.ac.in (Journal name/ Volume number/ Names of the authors/ Date of issue of the publication).

Signature of the User Signature of the Supervisor

A total amount of Rs. _____ /- (In words _____ only) towards testing of all the above samples shall be paid from the DOC of our department to the F590 account.

Signature of the HoD with seal/stamp