



# SATHYABAMA UNIVERSITY

## Centre for Ocean Research



### Requisition form for GC-MS analysis USER INFORMATION

Date:

Name :  
Designation :  
Department :  
Name of university/Institution/Industries :  
Email ID & Contact Number :  
Number of Samples/ Sample Code :  
Melting point/ Boiling point of samples :  
Molecular Formula/ molecular weight :  
Mass range to get measure :  
Temperature programming in MS or in GC-MS :  
Method of purification & chemical nature of Solvent  
used (Organic Polar Solvent only) :  
Specify if any metals / metal ions present :  
Total Amount :

**Signature of the Guide/Head**

**Signature of the User**

**For office use**

Bill Number :  
Date of receipt of Sample :  
Scheduled Date of sample Analysis :  
Researcher In-charge for sample Analysis :

**Signature of Head of the Department**

**Forwarded by Vice Chancellor**