**LC-MS ORBITRAP SAMPLE SUBMISSION FORM**

**CENTRAL INSTRUMENTATION FACILITY**

Biotech Center, University of Delhi South Campus,

Benito Juarez Marg, New Delhi -110021

E-mail: [cifudsc@south.du.ac.in](mailto:cifudsc@south.du.ac.in)

To

Professor- in-charge

CIF, UDSC

Dear Sir/Madam,

Machine ready test samples (no- ) as detailed below are sent herewith for processing at the CIF.

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department//Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID: (PI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Researcher):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of Payment: CIF A/C DD Cheque

If DD/ Cheque, DD/Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE:*** *THE DRAFT/CHEQUE HAS TO BE MADE IN THE NAME OF DIRECTOR, UDSC.*

* Sample analysis type: Profiling and identification
* Absolute Quantification Relative Quantification
* If others, please specify

Please provide information related to sample-

* Type of metabolite: Lipid Carbohydrates Hormones Others

If others, please specify

|  |  |  |
| --- | --- | --- |
| S. No | **Sample related queries** | **Remarks**  (If required, attach separate sheet also) |
| 1. | Volume of sample provided |  |
| 2. | Specify the solvent/s in which you have your  metabolite is supplied |  |
| 3. | Have you filtered the sample? |  |
| 3. | Storage temperature suitable for your metabolite |  |
| 4. | If you are providing standard then please specify and also  mention the concentration. |  |
| 6. | Type of metabolite/s you are specifically looking for. (if any) |  |
| 7. | Specify suitable mobile phase. (if any) |  |
| 8. | Type of column preferred for sample analysis. (if any)  Hipersil Gold /C8/ Hilic |  |

A brief note about the metabolite extraction procedure followed (if required attach separate sheet as well as reference paper link also):

* Any specific database to be searched during data analysis: Yes No If yes, then please provide database link to our email: [cifudsc@south.du.ac.in](mailto:cifudsc@south.du.ac.in)
* Any other related information

**Undertaking**

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

**Signature of Indenter and date Signature of PI**

**(With stamp and date)**

**Space below for CIF/UDSC use only**

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sample code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of receiving: \_\_\_/\_\_\_/\_\_\_\_\_\_ Date of completion: \_\_\_/\_\_\_/\_\_\_\_\_\_Date of report sent: \_\_\_/\_\_\_/\_\_\_\_\_

Total Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Technical Person**  **(Signature of Faculty In-charge)**