

# SOPHISTICATED ANALYTICAL INSTRUMENTS FACILITY (SAIF)

## MAHATMA GANDHI UNIVERSITY, KOTTAYAM

### ANALYSIS REQUEST FORM

For LC-MS/MS

#### Personal Details

Name \*

E-mail address \*

Designation and  
official address \*

Mobile \*

Name of the  
HOD/GUIDE \*

#### Analysis Details

User category \*

No. of samples \*

Type of Analysis Required\*

1. Direct Infusion [MS/MS]

Parent Mass only

Parent Mass and Fragments

2. With Column [LC-MS/MS]

Parent Mass only

Parent Mass and Fragments

Calibration and Quantification

[Respective standards to provided by applicants]

#### Sample Description

| Sl. No. | Sample Code | Description of sample | Mass of the expected compound |
|---------|-------------|-----------------------|-------------------------------|
|         |             |                       |                               |
|         |             |                       |                               |
|         |             |                       |                               |
|         |             |                       |                               |

Mobile Phase\*:

Gradient

Isocratic

Methanol

%

Acetonitrile

%

Water

%

Others

%

\* Mandatory

Any other clarification contact shiny.mgu@gmail.com

## **Kindly note the following while submitting the samples:**

1. Samples should be soluble in Methanol/Acetonitrile or Water.
2. Samples should be clear and preferably colourless.
3. Samples should be filtered through 0.2 $\mu$  membrane filter.
4. Submitted samples will be discarded after communicating the reports. If the remnant samples are required, the same should be intimated during sample submission.

### **Analysis Charge**

| <b>Facility</b> | <b>M G University<br/>Campus<br/>Rs.</b> | <b>Educational<br/>Institutions<br/>Rs.</b> | <b>National/ R&amp;D<br/>Labs<br/>Rs.</b> | <b>Industries<br/>Rs.</b> |
|-----------------|--|---|---|---------------------------|
| LC-MS/MS        | 400                                      | 800   | 2400                                      | 4000                      |
| MS/MS           | 200                                      | 400   | 1200                                      | 2000                      |

Payments are to be made only money transfer to

Bank: State Bank of India

Branch: M. G. University Campus Branch

Ac. Name: EMF-SAIF Kottayam

Ac No: 67320317756

IFSC code: SBIN0070669

**For analysis requests/ queries  
Email: shiny.mgu@gmail.com**

### **Payment Details**

Mode of payment \*

Total amount \*

Name of the Bank \*

Date of payment \*

Reference No. \*

\* Mandatory

Any other clarification contact shiny.mgu@gmail.com