ANALYSIS REQUISITION FORM

[ ] LCMS  [ ] LC/MS-MS  [ ] HRMS  [ ] LC-HRMS  [ ] MS-MS  [ ] DIRECT MASS

Sample Name/Number: .............................................. Mol. Wt./Mass Range: ..............

Date & Time: ..................................... Ionization type: [ ] ESI Pos. [ ] ESI Neg. [ ] Both

Sample Toxicity: [ ] Non toxic  [ ] Unknown  [ ] Toxic
(Explain): ..........................................................................................................................

Solubility: ..........................................................................................................................

Remarks (If any): .............................................................................................................

........................................................................................................................................

Amount paid: .................  ...Draft No.............  ...Dated: .................

<table>
<thead>
<tr>
<th>Billing Details:</th>
<th>Send To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Name:</td>
<td>In-charge HRMS, Room No-351(HRMS LAB), Department of Chemistry, Indian Institute of Technology Ropar, Nangal Road, Ropar, Punjab-140001.</td>
</tr>
<tr>
<td>Address:</td>
<td>Road, Ropar, Punjab-140001.</td>
</tr>
<tr>
<td>E mail:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

- If you would like to share the structures of respective samples, please use backside of this sheet. Kindly share the Molecular formula of the respective samples for HRMS analysis.
- Send the self addressed envelope with registered stamp if hard copy of bill is required.
- Kindly always mention the mode of ionization, because charges are applicable for only one mode of ionization either in positive or in negative.
- **Sample requirement**: 2-5 mg in solid or liquid form.

Signature of the Instrument In-charge.