



**Shobhaben Pratapbhai Patel
School of Pharmacy & Technology Management
Mumbai**

SAMPLE REQUEST FORM FOR LC-MS/MS (SHIMADZU 8040)

Date- / /

Name _____

Designation _____

Affiliation _____

Address _____

Phone: _____ Mobile: _____ Fax _____

Email _____

SAMPLE DETAILS

Type of project: _____

Project details: Attach as separate sheet

Number of samples: _____

Nature of sample: Solid/Liquid/Gas

Sample matrix: _____

Approximate M.W. range: _____

Solubility: _____

Log P value (if applicable): _____

Mobile phase (if developed): _____

Column specifications (if method is developed): _____

Sample preparation details: Attach as separate sheet

Signature

Name & Signature of Authority (if applicable)



**Shobhaben Pratapbhai Patel
School of Pharmacy & Technology Management
Mumbai**

FOR OFFICE USE ONLY (INTERNAL/EXTERNAL SAMPLES)

Date of sample receipt	Date of sample analysis	Date of submission of report	Log book entry number

FOR EXTERNAL SAMPLES

Entry number	Receipt/ Invoice Number	Amount (Rs)	Date

**Name and Signature of
Co-coordinator Faculty/Research scholar**

Signature of CIL/Lab In charge

Signature of HOD