



**SHOBHABEN PRATAPBHAI PATEL
SCHOOL OF PHARMACY & TECHNOLOGY MANAGEMENT
MUMBAI**

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

Name: _____

Designation: _____

Affiliation: _____

Address: _____

Phone: _____ Mobile: _____ WhatsApp: _____

Email: _____

SAMPLE DETAILS

Type of project: _____

Project details: Attach as separate sheet

Number of samples: _____

Nature of sample: Solid/Liquid/Gas

Sample matrix: _____

Solubility: _____

Approx. Mol. Wt. range: _____ Log P value _____ Expected Mass Range: _____

Storage conditions: _____

Analysis Requirements: (please tick appropriate boxes)

Ionization Mode: LC/MS MS/MS ESI APCI

MS/MS: ion(s) of interest: _____

HPLC details of reported/developed method:

Details of column: _____

Mobile phase: _____

Flow rate: _____ Retention time (t_R): _____

HPLC separation program: Isocratic Gradient

Sample preparation details: Attach as separate sheet

Please tick (✓) the appropriate boxes

Sr. No.	<i>Details of sample/s</i> Name of drug/extract/chemical/ intermediate etc.	Q1 Scan	Q3 Scan	LC-MS Analysis	LC-MS/MS Analysis	Mass spectra
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Any additional information like handling precautions for sample/s, if any:

- TLC should be performed before giving the sample for mass (Q1 scan). TLC should show single spot.
- It is certified that sample is not a reaction mixture (for synthetic compounds) and does not contain non-elutable inorganic impurities.

Signature of Requisitioner

*Signature of Guide / Mentor /
Principal Investigator*

*Signature of Head of Institution /
Authorized Person*

Approved by

Dean, SPPSPTM

FOR OFFICE USE ONLY:

**Application Form No:
Date of Receipt:**

Signature of Faculty In-Charge with date: