Indian Institute of Technology

Central Facility located in Centre for Research in Nanotechnology and Science (CRNTS)

Two Dimensional Gas Chromatograph with Time of Flight Mass Spectrometer

Requisition Form for using the facility (gcgctofms@iitb.ac.in)

Date:_		
1.	Name of User:	
2.	Name of Organization:	
3.	Address of Organization:	
4.	Name of Head / Principal Investigator:	
5.	Mobile/ Phone No. of User:	
6.	Email address of User:	
7.	Number of Samples/injections:	
8.	Preferred Date for the Slot:	
Sampl	e Information	
(a)	Origin of the sample:	
(b)	Details on Sample Preparation/Processing:	
(c)	What steps have been taken to ensure that samples are free of water:	
(d)	State type of hazard associated with the sample:	
(e)	Analytes of interest & Boiling point:	
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(f) Expected concentration range of analytes:
(g) Solvent:
(h) Information on columns and temperature programming preferred for the analytes based on Literature:
(i) Is 2D analysis required*?: Tick as appropriate Yes/No
(j) Preferred Mode of injection:
(k) Additional information : (Constraints/Preferences/ etc.):
Important information:
Please follow Instructions for submission of external samples and sample preparation guidelines.
* 2D mode operation is not recommended for simple mix of analytes that can be well resolved through choice of appropriate temperature programming; 2D mode is primarily recommended for complex environmental samples; A 1-D analysis of the sample is required before 2 D analysis can be performed.
Undertaking
I understand that the samples will be analyzed according to the choices recorded in the form.
I declare that adequate steps have been taken to ensure that the samples are free of water (for all injection mode other than twister mode).
I declare that the samples are non-infectious and non-explosive.
I have read instructions for external user registration and sample preparation and agree to acknowledge the IRCC Central Facility, Two Dimensional Gas Chromatograph with Time of Flight Mass Spectrometer (GC-GC-TOF-MS) of IIT Bombay in our Publications/Reports/Thesis in which the data is reported with due feedback to gcgctofms@iitb.ac.in .
Signature:
Date:

Place:			
	For IITB use or	nly	
Date of sample receipt:			
Date of analysis:			
Name of the Operator:			
Signature of Operator:			
Registration number:			
Remarks:			