



PONDICHERRY UNIVERSITY
CENTRAL INSTRUMENTATION FACILITY



Sample Analysis Requisition Form
Isotopic Ratio Mass Spectrometer (IRMS)

I. User Information

Date: _____

Name: _____ Designation: _____

In case of student Roll No. & Course registered: _____

Organization Department & Institution: _____

Address for Communication: _____

Phone Number: _____ E-mail Address: _____

Special Instruction (if any): _____

II. Sample Information

Number of samples: _____

In Number:

Analysis Required (Isotopes): _____

Nature Of sample: (Carbonate/Sulfide/Soil/Sediment/water)

Mode Of Analysis: Continuous flow/ Duel Injection

Certification by (Guide & Hod):- Certified that the user is a student / Faculty / employee of our department and the work is meant for teaching/Experiment/Research/Commercial purpose of our institute or organization. The user had gone through the instructions regarding the procedures given in the website. The samples are not radioactive/harmful to persons handling them. The samples information is correct and the user will comply with CIF's rules and procedures.

Signature with Date			
	User	Guide	HOD
Name			
Office Seal (Mandatory)			

For CIF use

Date received: _____

Date completed: _____

Operator: _____ T.O in-charge: _____

Centre Head: _____

Time utilized for analysis: _____ hr. Details of Payment received: _____

Remarks of the operator/TO in-charge for the data if by Email: _____

Acknowledgement from User (for direct user): Receiver data on completion of experiment.

Name: _____ **Signature:** _____ **Date:** _____