

**ESI-MS SPECTROMETER SAMPLE SUBMISSION FORM
DST-FIST FACILITY
DEPARTMENT OF CHEMISTRY, PONDICHERRY UNIVERSITY**

Date:

Name of the Scholar: _____
Name of the Supervisor/Guide: _____
Institution / Department: _____
Sample Code: _____
Molecular Formula: _____
Exact Mass: _____
Solvent in which sample is soluble: CH₃CN / MeOH / H₂O:CH₃CN(1:1)
Analysis Mode: **ESI (+ve / -ve) / APCI**
Structure of the Compound

Signature of the Supervisor/Guide

Signature of the HOD/Chairman

Note:

- Please submit 0.1mg to 0.5mg of **pure** sample + 3 Blank and clean glass vials of 2 mL capacity with caps.
- Please submit only one sample with each request form.

Office Use: _____ Date of Analysis: _____

Log Number: _____

Signature of the Operator _____

Signature of the Faculty in-Charge _____

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