

Requisition form for High Resolution Mass Analysis (HRMS) Services

(Ver: 20th September 2016)

VC/CAMS/
Date:
1. Applicant Information

1.1	Applicant full name		
1.2	Affiliation/ Profession		
1.3	Full postal address for correspondence		
1.4	Phone	Fax	
1.5	Email		

2. Company Information

2.1	Name of company (Regd or proposed)		
2.1.1	Tick the correct option	2.1.2	Alternative correspondence address (if different from above address of applicant)
	· Proprietor		
	· Partnership		
	· Pvt. Ltd		
	· Other		
2.1.2	Website		
2.1.3	Nature of business		

3. For NCL staff/student

3.1	Division	3.2	Project code
3.3	Name of project leader		

4. Application for Discounts

4.1	I wish to apply for the following discounts
	Resident incubatees of BioIncubator at Venture Center
	Incubatees of Venture Center's Lab2Mkt program and Proof-of-concept projects associated with Venture Center
	CSIR-NCL scientists and students; Start-ups with substantial NCL related participation (know-how, staff, students, alumni)
	Non-profits educational and research institutes; Social enterprises
	Associate incubatees of BioIncubator at Venture Center
4.2	Please attach any attachments to support your claim for discounts (if required)

5. Application for Services

Service Type Select	No. of Samples	Service Type Select	No. of Samples	Service Type Select	No. of Samples	Service Type Select	No. of Samples
A01 <input type="checkbox"/>		A04 <input type="checkbox"/>		B01 <input type="checkbox"/>		C01 <input type="checkbox"/>	
A02 <input type="checkbox"/>		A05 <input type="checkbox"/>		B02 <input type="checkbox"/>		C02 <input type="checkbox"/>	
A03 <input type="checkbox"/>		A06 <input type="checkbox"/>		B03 <input type="checkbox"/>		C03 <input type="checkbox"/>	

6. Sample Details (If more than one sample, mention the sample code, mass range, solubility, concentration, storage and disposal in the separate sheet and attach at the end of the requisition form.)

6.2	Mol. Wt./ Mass range						
6.3	Sample state	liquid		solid		gas	
6.4	Sample code/name						
6.5	Solubility						
6.6	Concentration						
6.7	Sample storage						
6.8	Sample description (provide molecular formula)						
6.9	Declared that the sample is	Non-Hazardous		Non-Radioactive		Non-Infectious	
6.10	Sample disposal						
6.11	other Information						

Instructions:

Required concentration for synthetic organic molecule is ~0.1mg/ml	Required concentration for PMF is between 0.1 and 1.0 mg/ml. For larger proteins (MW>100,000) higher concentration (>1mg/ml) is required.
If solution is provided, it should be filtered and prepared in LC-MS grade solvent.	Remove detergent and other chemicals such as SDS, Urea, CHAPS etc.
If solid sample is provided, it should be recrystallized.	Use clean and new polypropylene microfuge tubes
Use amber colored tube if sample is light sensitive.	Detergents of any kind should not be present in solutions. Avoid using Triton X100.
Provide the chemical structure	Do not send the sample containing any organic buffer salts and reducing agents such as BME and DTT. as TRIS, MES, MOPS, etc
Do not submit reaction mixture or crude sample.	Do not use colored tubes
Do not use strong acid to dissolve the compound.	Do not use low binding pipet tips or tubes as they are coated with polymers

Payment Terms:

- All services are offered against advance payment in full. Service tax and other taxes applicable at the prevailing rate shall in addition to the above.
- Payment via a) Demand Draft, b) Cheque payable in Pune or at par or c) bank transfer are possible. All payments have to be made in the name of "**Entrepreneurship Development Center**"
- Booking once made shall not be transferrable or payment made thereof shall be non-refundable. On the occasional case where Venture Center is unable to carry out the experiment due to equipment failure or contamination or absence of staff, Venture Center shall inform the applicant immediately and refund the payments made to it.

For CAMS

Total charges (Rs.)	
Extra Hrs	
Discount @	
Net Charges (Rs.)	
Taxes if applicable	

For and on Behalf of

(Name of the Company)

(Name of the authorized signatory)

Designation