

Requisition Form for ESI-MS Triple TOF

Phone : 0129-2848631

For Office Use Only

Lab code _____ MR code _____
 Remarks _____

User Name _____ **Principal Investigator** _____

Contact No. _____ **Email ID** _____

Name of Institute/Industry _____

Postal Address _____

Purchase Order No. _____ **GST No.** _____

Fee Remittance Details _____ **Additional Information** _____

IMPORTANT INSTRUCTIONS

1. Kindly provide your sample with completely filled sample submission form, duly signed by your PI/Person-in-charge.
2. It is advised to follow SOPs for the upstream experiments, in order to get good quality data and for better troubleshooting, if required.

#Please fill the following information below and use extra sheet wherever required.

1. Sample information:

Peptide mass finger Printing (PMF) / Small synthetic molecule / Metabolite / Intact mass analysis of Macromolecule / Quantitation(iTraQ / SILAC / TMT / AQUA / Label Free)/PTM analysis/Mutation validation/Other **(Please describe in brief)**.

2. Complexity of Samples: 1D Digest/ 2D Digest/Pull Down/ whole cell digest/Ion exchange fractionation/if other please describe _____

3. Enzyme used:

4. Stain used for visualization (if in-gel digestion):

5. Total number of samples:

6. Other sample details to be filled in the succeeding table-

6. Sample details (Please fill all the required sections):

[illegible]

*For more number of samples, please attach an extra sheet in similar format, duly signed by your PI/ Person-in-charge.

7. Additional information, if any: _____

PAYMENT DETAILS

(Payment to be done in advance through NEFT)

Bank account information for funds transfer:

Account Name Executive Director, Regional Centre for Biotechnology (ATPC)
Account No. 349301000047
Bank Name ICICI BANK, Faridabad Branch, THSTI Building
IFSC Code: ICIC0003493
MICR Code 110229278

GST No.: 06AAAAR9016J1ZG

Total Amount Paid _____ Transaction Reference No. _____

Date of Transaction _____ Payment Receipt Required in Favor of _____

Name and Signature of the Payer _____

UNDERTAKING

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement–

“This research work was carried out in part at the Mass Spectrometry Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010).”

Date _____

Signature of User _____

Signature of PI/Person-In-Charge _____

FOR OFFICE USE ONLY (ATPC FACILITY)

Date Received _____ Stored at _____

Received by _____ Signature _____

Signature of Approving Authority _____

FOR OFFICE USE ONLY (ACCOUNTS)

Amount Received _____

Name and Signature of person-in-charge, Accounts _____