



**LCMS Facility**  
DIVISION OF BIOLOGICAL SCIENCES  
INDIAN INSTITUTE OF SCIENCE  
BANGALORE 560012 INDIA

Sample submission form for LC-ESI-MS study:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Phone No. \_\_\_\_\_

Supervisor: \_\_\_\_\_

Nature of sample: \_\_\_\_\_

Objective of your MS study (Please be precise yet include important information):

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Direct-infusion ESI-MS    | <input type="checkbox"/> LC-ESI-MS    |
| <input type="checkbox"/> Direct-infusion ESI-MS/MS | <input type="checkbox"/> LC-ESI-MS/MS |

Debit head/DD No. \_\_\_\_\_

Samples will be discarded after use. User is advised to collect the data after experiment and store it with them. The facility does not guarantee safe storage of all the data.

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Signature of the user

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Signature of the supervisor

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(For office use only)

Receiving date: \_\_\_\_\_ Experiment No. \_\_\_\_\_