

Amity Lipidomics Research Facility (ALRF)

Amity University Haryana

Requisition Form for use of Facility

Name of Chief Investigator/PI :

User Name:.....

Designation:.....

Address:.....

Tel/Mobile No.:..... Email:.....

Mode of Payment:

User Category (Name of Institute/Department/School)	Bank Name	Transaction ID (receipt should be attached)	Date	Total Amount

Name of Analysis:.....

Sample Information:

Sample ID:..... Mass Range (Da).....

Solvent System (A and B) Gradient programs/isocratic.....

Name of Column No. of Samples:.....

Storage Cond. :(RT, 4^oC'(-)21^oC, etc)..... Nature of Sample (Hazard/Toxicity).....

Source of Sample.....

Signature of User

Signature of HOD with Stamp

Signature of ALRF Instrument In-charge

For Office Use Only:

Deposit Amount:

Details of Sample:

Signature of Depositor:

Important Note:

- Kindly consult ALRF staff for sample/sample preparation before bringing your samples for analysis.
- Email this dually filled form on lipidomicauh@gmail.com