

Advance Technology Platform Centre

Regional Centre for Biotechnology, Faridabad

NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway, P.O Box-3 Faridabad 121001 Haryana, India

Requisition form for Mass Spectrometry (5600 Triple TOF)

For office use only Phone: 0129-2848800 Sr. No: Contact detailsEmail: Invoice address (If different from above) Fee remittance details: **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 separate sheet). Complexity of Samples: 1D Digest/2D Digest/Pull Down/ whole cell digest/Ion exchange fractionation/ if other please describe. Column requirement: Brief description of the Experiment:

**(Please note that all applications must be forwarded by concerned PI/Faculty from the laboratory/ Institute along with proof of payment as per details provided in the form).

Number of Samples:			
Stain used for visualizatio	n (if in gel digestion):		
study of samples towards sample in good faith and control. I/We shall duly studies at ATPC thereafter	by the safety rules, san my/our personal safety ATPC will not be hel- acknowledge the ATP	y and safety of the opera d responsible for loss/c PC in all publications e	ines and take all precautions during ator and equipment. I/We submit the damage due to reason(s) beyond it's emerging out of the results from the
Date			Signature of PI/Supervisor
	<u>For</u>	Office Use Only:	
Received by			Date/_/
Lab Code:		Stored at °C	Fridge No
Signature of ATI	PC Technical Staff	(Scientist I	Signature ncharge/Approving Authority)
			GST No: 06AAAAR9016J1ZG
Details of Bank Account:	(Payment to be made in	n advance through NEF	T/RTGS)
Account Name: E	xecutive Director, Regi	onal Centre for Biotech	nology (ATPC)
Account No.:	349301000047		
Bank Name:	ICICI BANK , Farid	abad Branch, THSTI Bu	ilding
IFSC Code:	ICIC0003493		
MICR Code:	110229278		

Deposit Amount:Details of Slip:

Signature of Depositor:

Sample Information

Serial No	Sample name/Code	Molecular wt.	Origin
			1