

Institute of Bioresources and Sustainable Development

GC-MS/MS Facility

Sample Submission Form

Date _____

Name of the Indentor :

Concerned Scientist :

Organization & Contact no. :

Proposed date and time :

Protocol :

Sample details :

(I/We take the responsibility to pay user charges as per the guidelines)

(Signature of the indentor)

Date:

(Scientist/Faculty)

Date:

(For facility use only)

Tentative Date :

Date of work done :

No. of samples done :

Report given on :

(Technical Staff)

(Facility In-charge)
