

Serial No.

(For office use only)

Date

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Y | Y | Y | Y

PROTEOMICS REQUISITION FORM

GCMS

CLIENT INFORMATION

Name
First Name (Surname) Middle Name (Given name) Last Name

Name of the Institute

Department Phone No.

Address City

State Pin Mobile

Email ID

COLUMN

Carbo Hydrate Fatty Acids Amino Acids Organic Acids

SAMPLE INFORMATION	<input type="checkbox"/> Conc.:	<input type="checkbox"/> Molecular weight:
	<input type="checkbox"/> Solubility:	<input type="checkbox"/> Column Temp.:
	<input type="checkbox"/> Buffer:	<input type="checkbox"/> Method:
	Source of the sample	

SAMPLE DATA

S.No.	Sample ID	Sample Type	QC Status	conc/ μ l/volume

Signature of the
Wet lab supervisor

Signature of the
Group Head