



# GCMS Service Request Form - Thermal Energy Research Laboratory

## U.S.-Pakistan Center for Advanced Studies in Energy (USPCAS-E)

### National University of Sciences and Technology

Student: MS:  PhD:  Other (specify):  Faculty:  External (other than NUST):   
 NUST Reg. No.: \_\_\_\_\_ Degree Program: \_\_\_\_\_

For Office Use only

Ref. No. \_\_\_\_\_  
 Receiving Date: \_\_\_\_\_  
 Allotted Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Institution/School/Organization:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Project Supervisor (Name):** \_\_\_\_\_ **Ph (Ext.) No.:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Funding Source:** Student Research Fund  Recurring Fund  Project Fund  Other (Please Specify)  :

<b>Nomenclature of the Test/ Nature of Sample</b>		<b>Sample ID</b>	
<b>Solvent Details</b>	<input type="checkbox"/> n-Hexane <input type="checkbox"/> Ethyl Acetate <input type="checkbox"/> Chloroform <input type="checkbox"/> Methanol <input type="checkbox"/> Other: _____		
<b>Analysis Details</b> What do you want to find out?			
Number of peaks in post-run analysis to be considered			
<b>Detailed Method Description</b> Column Specifications, Carrier Gas Particulars, Process along with specific experimental details (attach standard/published literature for reference)			
<b>Test/ Process/ Method Conditions</b>	Column Oven Temp.: _____ °C, Injection Temp: _____ °C, Injection Mode <input type="checkbox"/> Splitless or <input type="checkbox"/> Split Ratio: _____ : _____ Injection Volume: _____ μL, Initial Column Oven Temp. Hold Time: _____ min, Ramp rate: _____ °C/min Final/Maximum Temp. (Oven): _____ °C, Final/Max. Temp. Hold Time (Column Oven): _____ min MS- Ion Source Temperature: _____ °C, Interface Temp. _____ °C, Solvent Cut Time _____ min Start Time _____ min, <b>End Time = GC Run Time = _____</b> (for office use only) Electron Impact ion source mode: _____ eV, Scan Range: _____ m/z.		

**Date:** \_\_\_\_\_

**Applicant's Signature** (I solely declare that I have read all the instructions given below and will follow the SoPs)

**Seal & Signature of the Dean/Principal** (Initiating School/Center)  
**Respective HoD (TEE/ESE/EEP)** (for USPCAS-E Students only)

\_\_\_\_\_  
**Seal & Signature of the Project Supervisor**

\_\_\_\_\_  
**Approval by the Thermal Energy Research Lab PI**  
 (Dr. Majid Ali)

Remarks:

USPCAS-E endeavors to provide the best possible services to all the schools. It often happens that the load of samples testing from a single school becomes overwhelmed. Therefore, schools are expected to align their research themes as per the available facilities held with them, and moreover, keep and maintain the exact sample count originating from their schools.

**Important Instructions:**

- I. Applicant and his/her supervisor must address all safety aspects pertinent to the test/ method
- II. Radioactive, bio-hazardous, explosive, volatile/dirty, etc. samples will not be entertained
- III. Incomplete service request form (SRF) will be returned back to the applicant
- IV. The applicant must furnish complete information as asked in the SRF
- V. **Only 01 (ONE) sample will be entertained per SRF and only qualitative analysis is available**
- VI. Simultaneous multiple service request forms for a single service are not allowed
- VII. Separate SRFs should be raised for each type of sample
- VIII. Please bring well prepared samples on the day of the test conveyed to you
- IX. A fresh SRF will be initiated, if the applicant fails to appear on the allotted date and time for the test
- X. It is sole responsibility of the student/applicant to collect the results by providing a DVD/CD

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Sample Received on: \_\_\_\_\_ Processed by: \_\_\_\_\_  
 Analysis Results provided on: \_\_\_\_\_ CD/DVD Received/Not  
 Testing Charges Received (Amount): \_\_\_\_\_  
 Demand Draft No.: \_\_\_\_\_  
 (In favor of "CES RECURRING FUND")

**Seal & Initials**