



University of Hyderabad

School of Life Sciences-Metabolomics Facility

LC-MS Sample submission form for SLS/UOH/others

Inward no.	Date	Outward	
Name of the student			
Phone no.			
e-mail			
Name of the supervisor			
Name of the University			
Department			
Number of samples (enter the details of sample backside of this page)			
Payment Details:			
Amount paid			
Mode of payment	Cash/D.D		
D.D number	Date:	Bank:	Branch:

**Signature of the
Student**

**signature of the
Analyst**

**Signature of the faculty
In charge**

**Signature of the
Supervisor**

Signature of the Dean

Comments by analyst

Delivery Date

Receiver Signature