

## CYTOGENE RESEARCH & DEVELOPMENT

**Corresponding Office:** KH-21/1D, Balaji Vihar, Jankipuram Extension,  
Lucknow – 226031 (Landmark: Rock Garden Marriage Lawn)  
**Laboratory:** K-51, Agro Park, UPSIDC Industrial Area, Kursi Road (Lucknow)  
Dist-Barabanki - 225302

Ph: 77-0309-2222, Email-id: [services@cytogene.in](mailto:services@cytogene.in)

### GAS CHROMATOGRAPH MASS SPECTROSCOPY

#### PERSONAL DETAILS

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

- Your details are for our internal uses and record purpose only.
- Samples are generally analyzed on a “first come first serve” basis.
- Your details will not be shared with anyone in any case.
- If sample details are unclear, we may contact you on the details given above.

Name of Candidate	
Designation/Affiliation (Student/Research scholar/Professor/ Manager etc.)	
Department/Division (Botany/Biotech/Pharmacy etc.)	
Organization/Institute/University	
Corresponding Address	
Purpose of study (Research work/dissertation/personal etc.)	
Email ID	
Contact No.	
WhatsApp No	
Suggestion/Note (If any)	

INFORMATION OF SAMPLES**Details of Samples (Radioactive, Physical, Chemical, Hazardous, others)**

If the sample(s) are unsafe/hazardous to the personnel and equipment then please mention that in the form and provide appropriate handling instructions too. Please provide sufficient number/Quantity of samples for the analysis. Kindly consult CytoGene for sample/sample preparation before bringing your samples for analysis.

S.N.	Sample ID/Code	Type of Sample (Plant leaf or plant stem or bacterial or fungal extract etc.)	Amount of sample (in mg/ml/gm)	Solvent for Extraction (Either done by candidate or yet to be done by us)	Nature of Sample (Solid, liquid, semi solid, powder etc.)	Solvent for Solubility (Methanol, Ethanol etc.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PAYMENT DETAILS

Name of the person for Bill	
Affiliation for Bill (Student/Research scholar/Registrar/ Professor/Director/Manager etc.)	
Amount Paid	
Mode of Payment (Transaction ID if done online)	

TECHNICAL SPECIFICATION

Instrument company & Model number	Shimadzu QP2010
Column for LC	SH-I-5Sil MS Capillary
Library to be used	NIST 2020
Run Time	40 Minutes
<b>Note:</b> Complete method will be shared along with report.	

UNDERTAKING

- I/We undertake to abide by the safety, standard sample preparation guidelines and precautions during testing of samples. I/We do understand the possibility of samples getting damaged during handling and analysis. I/We shall not claim for any loss/damage to samples.
- CytoGene shall not take any responsibility about the analysis, interpretation and publication of data acquired by the end user.
- I/We hereby declare that the results of the analysis will not be used for the settlement of any legal issue.
- CytoGene, Lucknow reserves the rights to return the samples without performing analysis and will refund the analytical charges (after deduction of GST) under special circumstances.

**Address for courier/Speed post:**

CytoGene Research and Development  
KH-21/1D, Balaji Vihar, Jankipuram Extension, Lucknow – 226031 (U.P.)  
Landmark: Rock Garden Marriage Lawn  
Contact No.: 7703092222

Name of the Candidate:

Signature

Place:

Date: