

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory

Service Request Form

GC

		Form No	
Name		Date	
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

S. No.	Sample Code	Solvent	Column Specification	Detector	M.P./B.P.	Nature of sample
1						
2						
3						
4						
5						
6	Temp. Programming of GC (initial oven temperature , ramping and final temperature)					

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Sample quantity required is 5 mg/ml (1ml)

Solvent	Chloroform, Acetone, Ethyl acetate, others
Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, other
Any Additional Information	

Signature of Authorized Person

For Office Use (Internal / Outside Samples)

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

For Outside Sample(s)

Date	Receipt / Invoice No.	Amount (₹)