

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

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

Central Instrumentation Laboratory

Service Request Form

POWDER X-RAY DIFFRACTOMETER

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

| S. No. | Sample Code | 2Q Start Point | 2Q End Point | Increment Rate | Scan Speed | Temperature / Humidity | Nature of Sample | Values Required Q+2Q with I/D |
|--------|-------------|----------------|--------------|----------------|------------|------------------------|------------------|-------------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

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

Sample quantity required is 15 mg powder

| | |
|---|--|
| 1. Any additional Information | |
| 2. Nature of sample / any specific storage condition required | |

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 (RS) |
|------|-----------------------|-------------|
| | | |