

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

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

Central Instrumentation Laboratory

Service Request Form

**ATOMIC ABSORPTION SPECTROMETER**

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

S. No.	Sample Code	Elements to be analyzed						
1								
2								
3								
4								
5								
Lamps Available : As, Ba, Cd, Cr, Cu, Fe, Hg, Li, Mg, Mn, Ni, Pb, Pd, Pt, Sb, Se, Zn								

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

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

Sample to be prepared.	Note: Sample should be Submitted in uniform and homogeneous liquid. Solid and other than liquid samples are need to be dissolved or digested in acid (concentrated or diluted)
Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, other
Any Additional Information	

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Signature of Authorized Person

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**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 (₹)