

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Sector-67, S.A.S. Nagar, Mohali.
Central Instrumentation Laboratory
Service Request Form
Circular Dichroism

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

S. No	Sample Code	Wavelength Range			Temp. Range 20-70°C			Con. mg/ml	Cell Path Length 0.1/0.2/ 0.5/ 1.0 cm
		Scan		Fixed	Scan		Fixed		
		Start	End		Start	End			
1.									
2.									
3.									
4.									
5.									

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

Sample quantity required is 100 µg/ml (2ml clear solution)

Sample should be clear and uniform liquid. Blank solution need to be submitted by the user.	
Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, Protein, DNA, Biologics, Salt, Basic (aqueous/organic), Alcohol, Acidic solutions, Oil based
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 (₹)