#### NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

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

# Central Instrumentation Laboratory Service Request Form

### **ELEMENTAL ANALYSIS**

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

S. Sample Code		Analysis required (Elements)			Calculated %				
No		С	Н	N	S	С	Н	N	S
1.									
2.									
3.									
4.									
5.									

Maximum limit 5 samples per requisition form (Strikeout blank lines). Sample quantity required is 10mg.

Samples should not contain Fluorine.		
Highly sticky samples should not be submitted.		
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 (`)