

# NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Sector-67, S.A.S. Nagar, Mohali.  
Central Instrumentation Laboratory  
Service Request Form  
**HPLC**

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

S. No.	Sample	Analysis		Flow Rate ml/min	Col Type	Col. Temp	Inj Vol.	Mode of operation		Run Time (min.)	Mobile Phase	Detector UV/Vis, PDA ( $\lambda_{max}$ ) RI, ELSD	Detector FL	
		Qual	Quant					Iso	Grad				Ex	Em
1.														
2.														
3.														
4.														
5.														

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

Sample quantity required is 1ml with concentration of 1mg/ml.

Sample preparation	
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 (₹)