

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

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

FLUORESCENCE / LUMINESCENCE SPECTROMETER

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

S. No.	Sample Code	Sample Type		Solubility Solvent		Mode				Excitation 200 to 800 nm	Emission 200 to 900 nm
		Solid	Liquid	Polar	Non Polar	Scan	Time Drive	Conc.	Plate Reader		
1.											
2.											
3.											
4.											
5.											
Analysis required		Qualitative				Quantitative *Standard to be provided.					

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

Sample quantity required is 5ml.

Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, Toxic, Non Toxic, 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 (₹)