

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

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

Central Instrumentation Laboratory

Service Request Form

ULTRA CENTRIFUGE

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

S. No.	Sample Code	Required Speed	Rotor Type 90 Ti / SW28	Temperature	Duration	Tube Type
1.						
2.						
3.						
4.						
5						

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

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 (₹)