

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

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

Central Instrumentation Laboratory  
Service Request Form**Freeze Dryer**

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

S. No.	Sample Code	Solvent	Freezing Point	Quantity (mL)	Instrument DW-8-85 (i.e. -85°C) or DW-1-110(i.e.-110°C)
1.					
2.					
3.					
4.					
5.					

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

Nature of Sample/Any special storage condition required	Lachrymatory, Explosive, other
Any Additional Information	Any Solvent Used

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Signature of Authorized Person

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**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 (₹)