

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

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

Central Instrumentation Laboratory

Service Request Form

**DMS TITRINO**

		Form No		
Name		Date		
Department		Name of Faculty/Guide		
Institute / Industry				
Complete Address				
Email address		Mobile No		
S. No	Sample Code	Experiment		
		Karl Fisher	Potentiometer	pH/pH Stat
1.				
2.				
3.				
4.				
5.				

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

Sample quantity required is 20 mg.

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 (₹)