

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

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

Central Instrumentation Laboratory

Service Request Form

**DSC - Mettler**

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

S. No.	Sample Code	Degradation / Decomposition Temp.	Melting Point	Initial Temp	Heating Rate	Final Temp	Cooling Rate	Final Temp.	Total Time
1									
2									
3									
4									
5									

**Analysis will be done only up to degradation temperature**

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

Sample quantity required is 5 mg

Any Sample preparation protocol			
Nature of Sample	Lachrymatory, Explosive, other		
Storage Temperature			
Any Additional Information	Any Solvent Used		
Nature of Compound (Please tick)	Crystalline	<input type="checkbox"/>	Amorphous <input type="checkbox"/>

\_\_\_\_\_  
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 (₹)