



Test Requisition Form

Instrument Facilities at NIPER Guwahati

1 Applicant and Company Information	
1-1	Applicant Name
1-2	Company Name & Complete Postal Address for Correspondence _____
1-3	Telephone/Mobile and Email ID.
2 Mode of Submission/Delivery	
2-1	Submission of Sample <input type="checkbox"/> In Person <input type="checkbox"/> By Post/Courier
2-2	Delivery of Report <input type="checkbox"/> Will Collect <input type="checkbox"/> Send by Mail <input type="checkbox"/> Send by Post
3 Test Sample Details	
3-1	Nature of Sample & Quantity <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Other Quantity : <input type="text"/>
3-2	Number of Samples & Codes
3-3	Analysis <input type="checkbox"/> UHPLC/MS <input type="checkbox"/> NMR <input type="checkbox"/> HPLC <input type="checkbox"/> Multimode Plate Reader
3-4	Expected Molecular Weight and Molecular Formula (for HRMS)
3-5	NMR Analysis <input type="checkbox"/> ¹ H <input type="checkbox"/> VT <input type="checkbox"/> Kinetics <input type="checkbox"/> 2D-TOSCY <input type="checkbox"/> ¹³ C <input type="checkbox"/> DEPT 45 <input type="checkbox"/> 1D-NOE <input type="checkbox"/> 2D-ROESY <input type="checkbox"/> ³¹ P <input type="checkbox"/> DEPT 90 <input type="checkbox"/> 2D- COSY <input type="checkbox"/> 2D-HSQC <input type="checkbox"/> ¹⁹ F <input type="checkbox"/> DEPT 135 <input type="checkbox"/> 2D- NOESY <input type="checkbox"/> 2D- HMBC
3-6	Solvent for NMR <input type="checkbox"/> Chloroform-D <input type="checkbox"/> Dimethylsulfoxide-D6 <input type="checkbox"/> Acetone D6 <input type="checkbox"/> Methanol D4 <input type="checkbox"/> Acetonitrile D3 <input type="checkbox"/> Benzene D6 <input type="checkbox"/> Deuterium oxide D6 <input type="checkbox"/> Pyridine D5 <input type="checkbox"/> Others
3-7	UHPLC / MS Analysis <input type="checkbox"/> ESI-MS <input type="checkbox"/> APPI-MS <input type="checkbox"/> APCI-MS <input type="checkbox"/> ESI-HRMS <input type="checkbox"/> APPI-HRMS <input type="checkbox"/> APCI-HRMS <input type="checkbox"/> LC-HRMS <input type="checkbox"/> LC-MS/MS <input type="checkbox"/> Others
3-8	Triple Quadrupole LC-MS/MS <input type="checkbox"/> ESI/APCI-MS <input type="checkbox"/> MS/MS <input type="checkbox"/> LC-MS <input type="checkbox"/> LC-MS/MS
3-9	GC-MS <input type="checkbox"/> EI-MS <input type="checkbox"/> GC-MS (Qualitative) <input type="checkbox"/> GC-MS (Quantitative)
3-10	FT-NIR <input type="checkbox"/> Normal Spectrum
3-11	FT-IR <input type="checkbox"/> Normal Spectrum
3-12	ICP-MS <input type="checkbox"/> HR ICP-MS <input type="checkbox"/> SQ ICP-MS <input type="checkbox"/> TQ ICP-MS
3-13	Others



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Acknowledgement

Sample Registration No: _____

Any Other _____

Date:
Time:

Sample Received by:
Name & Signature

3-8	HPLC Analysis	<input type="checkbox"/> RPHPLC	<input type="checkbox"/> NPHPLC	<input type="checkbox"/> GPC/SEC	<input type="checkbox"/> CHIRAL	<input type="checkbox"/> Ion Pair
		<input type="checkbox"/> Assay	<input type="checkbox"/> Related Substances	<input type="checkbox"/> Others		
3-9	HPLC Conditions					
3-10	Multimode Plate Reader (Plate for Multimode Reader to be provided by the user)	<input type="checkbox"/> Absorbance	<input type="checkbox"/> Fluorescence	<input type="checkbox"/> Luminescence		
3-11	Instructions/Precautions if any					
3-12	Payment Details	DD / Cheque No	Dated	Bank & Branch		
	in words				Rs. ₹	
					rupees only	

- The samples are drawn and submitted by us.
- SBTIC-AACR shall follow generally accepted test methods unless otherwise specified.

Signature of the Applicant with stamp

Date:
Time:

Instructions ➤ All results would be given as a report on hard copy/soft copy

Payment Details ➤ Payment to be made through Demand Draft/Cheque/NEFT/Online Bank transfer payable in favor of : Director NIPER
 Account No. : 30462731599
 IFSC CODE : SBIN0016944
 Bank & Branch : State Bank of India, Changsari branch

For Office use		
Sample Registration No :		
Sample Received by:		
Name	Signature	Date
Sample Analysed by:		
Name	Signature	Date
Analysis Checked by:		
Name	Signature	Date
Analyst/ Sr Analyst (Name and Signature with Date)	Facility-In-Charge (Name and Signature with Date)	