

Requisition form for GC Analysis

Date: ____ / ____ /20____

Name of Applicant: _____

Institution / Organization: _____

Email Id & Contact Number: _____

Name of Supervisor & Designation: _____

Sample Details:

Sample ID:	
Sample Description	
Nature of Sample (Tick appropriately):	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid
Molecular Weight (g/mol):	
Sample Structure:	
Melting /Boiling Point:	<input type="checkbox"/> Melting point: <input type="checkbox"/> Boiling point:
Quantity of sample (for liquid conc.):	
Solubility in (Mention multiple solvent):	
Storage Condition (RT/cold condition):	
Toxicity Information (If any):	
Other details (If any):	

GC Analysis Method (if available)

Column details:	
Oven Temperature (Isothermal / Programme):	
Carrier gas:	Flow rate:
Injector temp:	FID detector temp:
Split Ratio:	Injection Volume (μL):

Signature of the Applicant

Signature of the Supervisor

Signature of the Analyst

Signature of the instrument in charge

Note: Water samples will not be accepted.

Charges	Academic Institutes	Industry
Basic Charges (INR)	300	500
Add on charges	Charges will depend on method development, method parameters, run time, column, types of samples and others related factors.	