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**Sophisticated Analytical Laboratory**

Ramanbhai Patel College of Pharmacy

Charotar University of Science and Technology(CHARUSAT), Changa

**HPTLC Analysis Request Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Indenter: | | |  | | |
| Designation: | | |  | | |
| Name of Project Supervisor/Head of Institution: | | |  | | |
| Name of Department: | | |  | | |
| Name of Institute: | | |  | | |
| Address: | | |  | | |
|
| E-mail: |  | Phone: |  | FAX: |  |

**-: SAMPLE DESCRIPTION :-**

|  |  |
| --- | --- |
| **Chromatographic conditions:** |  |
| Stationary phase: |  |
| Mobile phase: |  |
| Saturation Time: |  |
| Colorimetric/UV/Fluorescence: |  |
| Pre Chromatographic/  postderivatization is required? |  |
| Any Extra information |  |

**Signatures of Research Supervisor Signature of User**

**For RPCP-SAL Use Only**

**Reference to Application No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Samples Received on : Date of Samples Analysis:**

**Total No. of Injection:\_\_\_\_\_\_\_\_\_\_\_\_ Instrument Utilization time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of RPCP-SAL co-ordinator Signature of In-charge HPTLC Facility**