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**Sophisticated Analytical Laboratory**

Ramanbhai Patel College of Pharmacy

Charotar University of Science and Technology(CHARUSAT), Changa

**UV 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 :-**

1. Composition of sample:

Organic Inorganic Polymer Biological

Phytochemical Reaction Mixture Isolated Compd. Bacterial extract

1. Melting Point or Boiling Point of substance: \_\_\_\_\_\_\_\_\_\_\_\_ C
2. Solvent to be used for preparation of solution:
3. Sample Preparation Steps: (attach separate sheet)
4. Spectrum scan range: \_\_\_\_\_\_\_\_\_ nm to \_\_\_\_\_\_\_\_\_\_\_\_ nm
5. Any other information:

**Signature of User** **Signatures of Research Supervisor**

**For RPCP-SAL Use Only**

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

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

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

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