



HPLC Analysis Request Form

Name of Student/Initiator:			
Registration Number:			
Project Supervisor:			
Name of Department:			
Name of Institute:			
Master/ Ph.D. Project title:			
E-mail:		Phone:	
			FAX:

SAMPLE DESCRIPTION

Composition of sample: -

- Organic Inorganic Polymer Biological
 Phytochemical Reaction Mixture Isolated Compd. Bacterial extract

1	Sample Details (Name/ID, Process performed to obtain subject sample).	
2	pH, Viscosity.	
3	Compound to be Quantified.	
2	Have you attached a reference paper for analysis?	Yes/No
3	Chromatographic Analysis Conditions:	
a	Mobile Phase Composition	1) _____ 2) _____ 3) _____
b	Mobile Phase Flowrate (ml/min)	
c	Sample Injection Volume (ul)	
d	Column Temperature (°C)	
e	Detector Wavelength (nm)	
f	Retention Time (min)	

Project Supervisor

*Stamp & Signature

Applicant/Student Signature

Head of Department

Respective School HoD

*Stamp & Signature

- Note: 3x Samples can be submitted for analysis per Service Request Form (SRF).
- SRF having Incomplete or inadequate information will not be entertained.
- The student's Supervisor must address all safety aspects of the sample submitted for analysis.

For Official use only:
Approved/Rejected
Principal Investigator
BIOFUEL LAB
Dr. Rabia Liaquat

_____ Signature Lab PI

Analysis Schedule Date & Time
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