

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory

Service Request Form

**TGA**

		Form No	
Name		Date	
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

S. No.	Sample Code	Degradation / Decomposition Temp.	Initial Temp	Heating Rate	Final Temp
1					
2					
3					
4					
5					

Maximum temperature for drug sample is 400° C

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Sample quantity required is 10 mg

Nature of Sample/Any special storage condition required	Lachrymatory, Explosive, other
Any Additional Information	Any Solvent Used

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Signature of Authorized Person

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**For Office Use (Internal / Outside Samples)**

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

**For Outside Sample(s)**

Date	Receipt / Invoice No.	Amount (₹)