**REQUISTION FORM FOR GC-MS**

**NAME:**

**DESIGNATION:**

**ADDRESS:**

**TEL. / MOBILE NO. :**   **EMAIL:**

**NATURE OF SAMPLE:**

**CODE OF SAMPLE:**

**SOLUBILITY OF SAMPLE:**

**EXPECTED MOLECULAR WT:**

**MELTING POINT: BOILING POINT:**

**PURITY CONFIRMATION BY:**

**TLC GC LC**

**METHOD SUGGESTED IF ANY:**

**ANY OTHER INFORMATION REQUESTED**

 **DATE: / /**

 **SIGNATURE**

**For Office Use Only**

**S. No.**

**Date:**