



REQUISITION FORM FOR GC-MS

NAME: <input type="text"/>		For Office Use Only
DESIGNATION: <input type="text"/>		Reference No. <input type="text"/>
ADDRESS: <input type="text"/>		DATE: / /
TEL. / MOBILE NO. : <input type="text"/>	EMAIL: <input type="text"/>	
NATURE OF SAMPLE: <input type="text"/>		
CODE OF SAMPLE: <input type="text"/>		
SOLUBILITY OF SAMPLE: <input type="text"/>		
EXPECTED MOLECULAR WT: <input type="text"/>		
MELTING POINT: <input type="text"/>	BOILING POINT: <input type="text"/>	
PURITY CONFIRMATION BY:		
TLC <input type="checkbox"/>	GC <input type="checkbox"/>	LC <input type="checkbox"/>
METHOD SUGGESTED IF ANY: <input type="text"/>		
ANY OTHER INFORMATION REQUESTED		
<input type="text"/>		
SIGNATURE <input type="text"/>		DATE: / /