

**University Institute of Pharmaceutical Science
Panjab University, Sector-14, Chandigarh**

HPLC/UPLC REQUISITION FORM

Name: _____ Date: _____

Phone No: _____ Email-ID: _____

Sample Details:

No. of Samples: _____ No. of Injections: _____

Any Hazards: _____

Any Other Details:

HPLC Method Details :

1	Mobile Phase Composition	1) _____ 2) _____ 3) _____ 4) _____
2	Detector to be used (Check mark the required position)	1)PDA 2) UV/Vis 3)FLR 4) ECD
3	Chromatographic conditions	
a	Isocratic or Gradient, if gradient then provide gradient program	Flow Rate: _____ mL/min Run Time: _____
b	Column's Detail : Manufacturer/model/stationary phase	
c	Temperature Range	Sample Temp: _____ C Column Temp: _____ C
d	Detective Wavelength	_____ nm
e	Any other information	

User's Signature

Signature of Research Supervisor

Signature of
In-charge of
Facility

