



HPLC ANALYSIS REQUEST FORM

Researcher/Client Information: Name of investigator/ Graduate Student _____ Department/Center _____ Mobile No _____ Phone No (Off.) / Email address _____	Researcher's Sample Identification: Sample Number(s) _____ Total number of samples _____ Maximum of samples per request: a) Similar investigation : 5 b) Different investigation : 2 Sample(s) sealed: Yes/ No
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Type of Sample for Analysis:

(Use a tick sign (✓) in appropriate box)

<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Antirheumatics
<input type="checkbox"/> Amines	<input type="checkbox"/> Antitussives
<input type="checkbox"/> Amino acids	<input type="checkbox"/> Antiulcer Compounds
<input type="checkbox"/> Anesthetics	<input type="checkbox"/> Anxiolytics, Sedatives
<input type="checkbox"/> AD/HD Drugs	<input type="checkbox"/> Bronchodilators
<input type="checkbox"/> Antimicrobials	<input type="checkbox"/> Carbohydrates
<input type="checkbox"/> Anticholesterolemics	<input type="checkbox"/> Decongestants
<input type="checkbox"/> Anticoagulants	<input type="checkbox"/> Diuretics
<input type="checkbox"/> Anticonvulsants	<input type="checkbox"/> Drugs of Abuse
<input type="checkbox"/> Antidepressants	<input type="checkbox"/> ED Drugs
<input type="checkbox"/> Antiglaucoma Drugs	<input type="checkbox"/> Fatty Acids
<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Glycols, Diols
<input type="checkbox"/> Antihypertensives	<input type="checkbox"/> Anticholinergics
<input type="checkbox"/> Antimalarials	<input type="checkbox"/> Immunosuppressants
<input type="checkbox"/> Antineoplastics	<input type="checkbox"/> Muscle Relaxants
<input type="checkbox"/> Antiobesity Drugs	<input type="checkbox"/> Mycotoxins
<input type="checkbox"/> Antioxidants	<input type="checkbox"/> Nucleic Acids
<input type="checkbox"/> Hormones	<input type="checkbox"/> Organic Chemicals
<input type="checkbox"/> Antiparkinsonians	<input type="checkbox"/> Anti- inflammatories
<input type="checkbox"/> Antipsychotics	<input type="checkbox"/> Pesticides & Herbicides
<input type="checkbox"/> Antiretrovirals	<input type="checkbox"/> Phenoles
<input type="checkbox"/> Preservatives	<input type="checkbox"/> Semivolatiles
<input type="checkbox"/> Proteins	<input type="checkbox"/> Steroids
<input type="checkbox"/> Surfactants	<input type="checkbox"/> Vitamins

Mention Type of Column: Reverse phase

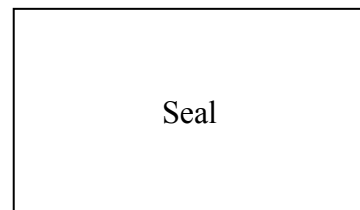
Other Column (to be provided by the department) _____

If Reverse Phase Mention Column Length: 150mm 250mm Other _____

Mention Detector: UV (with dual wavelength) Others _____

Pump Mode: Isocratic Binary Others _____

Name & Signature of Supervisor /Teacher _____



Signature of Chairman with official seal and date: _____

WMSRC USE ONLY	
Appointment date	_____
Date Request Received	_____
Officer's Name & Signature with Off. Seal	_____

Important Notes:

- All reagents with standards for the analysis of sample should be provided by the department.

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.