

TEST REQUISITION FORM				
Name & Address of Customer		Name & Contact Number Of Contact Person		
		Email ID-		
Name Of Sample :				
Batch Number :				
Storage Of Sample : Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Desiccation <input type="checkbox"/> Protect From Light <input type="checkbox"/>				
Test Required (Tick) 1) Purity / Assay				
<input type="checkbox"/> HPLC <input type="checkbox"/> HPLC - RI <input type="checkbox"/> HPLC - ELSD <input type="checkbox"/> GC <input type="checkbox"/> Others				
2) Molecular Weigh Determination : <input type="checkbox"/> ESI MS <input type="checkbox"/> APCI MS <input type="checkbox"/> GCMS				
Solubility :			Expected Mass :	
3) LCMS Test	i) Solubility	ii) RT of the Compound/s		iii) Required Mass
4. NMR :	<input type="checkbox"/> 1H NMR <input type="checkbox"/> 13 C NMR	<input type="checkbox"/> Quantitative NMR	<input type="checkbox"/> Solubility	
5. SOR	Solvent :	Concentration :	Temperature (OC)	Theoretical Value
6. TGA <input type="checkbox"/>	7. FTIR <input type="checkbox"/>		8. KF TITRATION <input type="checkbox"/>	
9. Elemental Impurity Analysis ICPMS <input type="checkbox"/>				
Method Of Analysis <input type="checkbox"/> Pharmacopoeial <input type="checkbox"/> Customer Supplied <input type="checkbox"/> To be Developed /Optimize To be used <input type="checkbox"/> Clearsynth GTP				
Is MSDS Supplied Yes <input type="checkbox"/> No <input type="checkbox"/>		If MSDS is not supplied then any precaution to be taken while handling the sample :		
Remarks :				
Sample Sent By		Sample Checked By Before Sending :		Sample Received By
(Sign with Date)		(Sign with Date)		(Sign with Date)
To be filled by Clearsynth				
Analyzed by QC :			Reviewed By QC:	
(Sign with Date)			(Sign with Date)	
A R Number				