



UNIVERSITY OF SARGODHA

PATHWAY TO PROGRESS

Central Research Laboratory (Unit-II)

Service of Analysis: HPLC / GPC

Date: _____

Student's Name: ----- Student ID: -----

Department / Organization: -----

Email: ----- Cell Number: -----

Supervisor's Name: ----- Designation: -----

Email: ----- Cell Number:-----

Analysis Required (Code) HPLC, GPC	
Number of Samples	
Sample code(s)	
Sample Description Nature of sample*, chemical composition (if possible)	
pH of sample solution	
Flow Rate	
Column (C-8/C-18)	
Solvents (Ratio of solvents if more than 1 mixed for analysis)	
Temperature Range (Room to 60 °C)	
Wavelength (nm)	

*Natural product / synthetic / extract etc.

Signature & Stamp of Supervisor: -----

- Make sure that the sample is not explosive, radioactive, or bio-hazardous.
- The sample must be free from any impurities which can destroy or damage the column.
- Please attach the original analysis fee proof (Bank challan or a Pay order / DD in favor of Treasurer, University of Sargodha).

OFFICE USE ONLY

Sample Receiving Date: ----- Diary Number: SU/CRL/_____

Analysis Performed By: ----- Total Amount Received: Rs _____

Mode of Payment: Bank Challan Pay Order DD

Bank Challan / Pay Order / DD Number (Date): ----- (/ /)

Expert