ABANI LABS PRIVATE LIMITED

5-5-35/169/1, Plot No-19, Ground floor, Prashanth Nagar, I.E. Kukatpally,
Hyderabad -500072, Telangana State, India. Phone No: +91-7416369526
E-mail: info@abanilabs.com, qc@abanilabs.com, website: www.abanilabs.com

Test Requisition Form

Name of the Customer			
E-mail :		Contact Person Name:	
Phone Number:		Mfg./Drug License No.:	
Sample Quantity:		Batch Size:	Mfg. Date:
Packing condition:		Exp. / Retest Date:	Storage Condition:
Report required as per form-39* Yes ☐ No ☐		Nature of the sample	
Sample sent for: R&D Purpose ☐ Method development ☐ Method Verification ☐ Batch Analysis ☐ If any: ☐			

Sample Details for testing

S.No	Sample Name:	Batch No. / Lot No.	Solubility	Specification No / Method details

TEST REQUIRED (Please √ the Box)

NMR	^{1}H ☐	D_2O Exchange ☐	VT NMR ☐	ROESY ☐
	^{13}C ☐	^{2}H (Deuterium) ☐	Q-NMR ☐	TOCSY ☐
	^{19}F ☐	DEPT 45/90/135° ☐	Wet ^{1}H ☐	HMBC ☐
	^{31}P ☐	APT ☐	COSY ☐	HMQC ☐
	^{11}B ☐	NOE ☐	NOESY ☐	HSQC ☐
	Other Tests:		Number of scans required:	
	Minimum Sample Quantity required: 10 mg for ^{1}H and 30-50 mg for $^{13}C/^{31}P/^{11}B$ /^{19}F & 2D NMR			
Solvents	$CDCl_3$ ☐	Methanol-d_4 ☐	TFA-d_1 ☐	
	DMSO-D_6 ☐	C_6D_6 ☐	Acetone-d_6 ☐	
	D_2O ☐	THF-d_8 ☐	C_5D_5N ☐	
	CD_3CN ☐	CD_3COOD ☐	NaOD ☐	

FTIR	KBr Pellet ☐	KBr Disc ☐	ATR ☐
TGA	☐ Temp. From_____°C to_____°C Ramp _____ per minute **(Sample Qty : 5 mg)**		

Structure of the compound		**Molecular Formula & M. Weight:**	

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Direct MASS	MASS by LCMS: ☐ MASS by GCMS: ☐ Expected Mass:_____
LCMS	Expected Mass:_____ Method :Enclosed ☐ General Method ☐
GC	Solubility:_____ Method :Enclosed ☐ General Method ☐
Residual solvents (by GCHS)	Expected Solvent | | | | | | Expected ppm | | | | | |
HPLC	Wave length:_____ nm Method : Enclosed ☐ General Method ☐ **Detector**: PDA ☐
DSC	☐ MR Expected:_____ °C to _____°C **(Min.sample Qty : 5 mg)**
CHNS (Elemental Analysis)	C'H'N'S ☐ / 'O' ☐ **(Min.sample Qty required : 10 mg)** Molecular Formula :_____,Molecular Weight :_____
SOR	☐ Solvent:_____ concentration:_____ Temperature:_____ **°C**
UV	☐ Absorption:_____ spectrum:_____ $^{1}A_{1\%}$:Coefficient:_____ Solvent:_____ Concentration:_____ Wavelength:_____ nm
XRD	☐ **(Sample Qty required : 500mg to 1.0g)**
Water content by Coulometry	Oven Method ☐ / Direct Method ☐ Expected:_ _____%
Chemical assay	Method: Enclosed ☐ / General Method ☐
Residue on Ignition	☐ Temp.: _____ ^{O}C
Moisture Content by KF	☐ Expected:_____%
LOD	Vacuum Oven /Hot Air Oven Temp.: ^{O}C
Melting Point / Range	☐ Expected:_____ ^{O}C to _____ ^{O}C
ICP-MS	Element Name:_____Concn.:_____ ppm, Method: Enclosed ☐ General Method ☐
Any Other Tests/ Remarks	

Nature of sample Submission: by Person / by Courier / by parcel etc.

Sample Submission Date & Time: _____ **Signature & Stamp**

For office use only

Declaration:

We confirmed the sample received with proper label name in Good / Leakage or Spillage condition, with Less / Adequate quantity and with / without storage conditions / instructions.

Registration / AR Number			Registration by Sign & Date	Remarks