



BHARATI VIDYAPEETH
COLLEGE OF PHARMACY, KOLHAPUR
Near Chitranagari, Kolhapur, Maharashtra, 416013, (India)

CENTRAL FACILITY CENTRE (CFC)
Telephone no:+91-231-2637286, +91-9765929378
Email-id: copkolhapur@bharatividyaapeeth.edu, cfc@gmail.com

Requisition form for UV Spectrophotometer

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

Option 1: Demand Draft

The DD (in favour of The Principal, BharatiVidyapeeth College of Pharmacy, Kolhapur) should be submitted personally or by post at the following address: Central Facility Centre (CFC), BharatiVidyapeethCollege of Pharmacy, Kolhapur Near Chitranagari, Kolhapur, Maharashtra, 416013, (India)

Option 2: Online transfer

Transfer cash in A/C no., Bank name.....,

IFSC code.....

Use for PAYTM

Samples should be sent to: Central Facility Centre (CFC), BharatiVidyapeethCollege of Pharmacy, Kolhapur Near Chitranagari, Kolhapur, Maharashtra, 416013, (India)

Information of samples

Details (Chemical, Physical, Radioactive, Hazardous, others):

Measurement details

Sr. No.	Sample Name	Analysis type (Qualitative/Quantitative/Method development)	Amax	Name of Solvent	Nature of Sample (solid/liquid)
1.					
2.					

Note: Maximum limit 5 samples per requisition form. If the sample(s) are hazardous to the personnel or equipment, then kindly provide appropriate handling instructions. Kindly consult CFC for sample/sample preparation before bringing your samples for analysis. Minimum quantity of drug required- 10 mg.

Undertaking

- I/We undertake to abide by the safety, standard sample preparation guidelines and precautions during testing of samples. I/We do understand the possibility of samples getting damaged during handling and analysis. I/We shall not claim for any loss/damage to samples.
- CFC shall not take any responsibility about the analysis, interpretation and publication of data acquired by the end user.
- We agree to acknowledge CFC, BVCOPK in our publications and thesis if the results from CFC instrumentation are incorporated/used in them.
- I/We hereby declare that the results of the analysis will not be used for the settlement of any legal issue.
- CFC, BVCOPK reserves the rights to return the samples without performing analysis and will refund the analytical charges (after deduction of GST) under special circumstances.

Name and signature of the user

Name and signature of the supervisor/PI

Signature of the HOD with stamp

For office use only

Lab reference no:.....

No. of samples:.....

Invoice/Receipt no:.....

Samples received on:.....

Samples analyzed on:.....

Results delivered on:.....

Name and signature of operator

Name and signature of laboratory in-charge



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Requisition form for FTIR Analysis

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

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IFSC code.....

Use for PAYTM

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Information of samples

Details (Chemical, Physical, Radioactive, Hazardous, others):

Measurement details

Sr. No.	Sample Name	Nature of Sample (Solid/Liquid/Film)	Sample Preparation	Scan Range (cm ⁻¹)	Purpose (Identification/Compatibility)

Note: Note: Maximum limit 5 samples per requisition form. Kindly consult CFC for sample preparation before bringing samples for analysis. Minimum quantity required: 5–10 mg for solids or 1–2 drops for liquids.

Undertaking

- I/We undertake to abide by the safety, standard sample preparation guidelines and precautions during testing of samples. I/We do understand the possibility of samples getting damaged during handling and analysis. I/We shall not claim for any loss/damage to samples.
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Name and signature of the supervisor/PI

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Lab reference no:.....

No. of samples:.....

Invoice/Receipt no:.....

Samples received on:.....

Samples analyzed on:.....

Results delivered on:.....

Name and signature of operator

Name and signature of laboratory in-charge



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Requisition form for HPLC

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

Option 1: Demand Draft

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Option 2: Online transfer

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IFSC code.....

Use for PAYTM

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Information of samples

Details (Chemical, Physical, Radioactive, Hazardous, others):

Measurement details

Sr. No.	Sample Nature	Analysis type (Qualitative/ Quantitative/ Method development)	Column Type (with dimensions)	Injection volume (µl)	Column Temp. (°C)	Mode of operation (Isocratic/ Gradient)	Flow rate (ml/min)	Run Time (Min.)	Mobile phase	Detector UV/VIS PDA (λmax)
1.										
2.										
3.										
4.										
5.										

Note: Maximum limit 5 samples per requisition form. If the sample(s) are hazardous to the personnel or equipment then kindly provide appropriate handling instructions. Kindly consult CFC for sample/sample preparation before bringing your samples for analysis. Sample quantity required is 1ml with concentration of 1mg/ml.

Undertaking

- I/We undertake to abide by the safety, standard sample preparation guidelines and precautions during testing of samples. I/We do understand the possibility of samples getting damaged during handling and analysis. I/We shall not claim for any loss/damage to samples.
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Name and signature of the supervisor/PI

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For office use only

Lab reference no:.....

No. of samples:.....

Invoice/Receipt no:.....

Samples received on:.....

Samples analyzed on:.....

Results delivered on:.....

Name and signature of operator

Name and signature of laboratory in-charge



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Requisition form for Microfluidizer Analysis

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

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IFSC code.....

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Information of samples

Details (Chemical, Physical, Radioactive, Hazardous, others):

Measurement details

Sr. No.	Sample Name	Nature of Sample (Emulsion/Suspension/Nanof ormulation)	Volume (mL)	Pressure (psi)	No. of Passes	Temperature Control (°C)	Surfactant/Stabilizer Used	Purpose (Size Reduction/Nanoemulsion/NLC)

Note: Minimum volume required for analysis should be 50-100 mL. Kindly consult CFC for sample preparation before bringing samples for processing. If the sample(s) are hazardous to personnel or equipment, provide appropriate handling instructions.

Undertaking

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Name and signature of the supervisor/PI

Signature of the HOD with stamp

For office use only

Lab reference no:.....

No. of samples:.....

Invoice/Receipt no:.....

Samples received on:.....

Samples analyzed on:.....

Results delivered on:.....

Name and signature of operator

Name and signature of laboratory in-charge



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Requisition form for Cooling Centrifuge Analysis

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

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Use for PAYTM

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Information of Experiment

Sample Type: Blood / Serum / Plasma / Cell culture / Nanoparticles / Other

Nature of Sample (Biological/Chemical/Hazardous): _____

Measurement details

Sr. No.	Sample ID	Volume (mL)	Speed (RPM or G)	Temperature (°C)	Duration (min)

Note: Maximum 5 samples per requisition form. Ensure compatible tubes for high-speed centrifugation.

Undertaking

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No. of samples:.....

Invoice/Receipt no:.....

Samples received on:.....

Samples analyzed on:.....

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Name and signature of operator

Name and signature of laboratory in-charge



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Requisition form for BIOPAC (Physiograph) Analysis

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

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Use for PAYTM

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Information of Experiment

Type of Study: Human volunteer / Animal experiment / In vitro physiological recording

Ethical Approval No. (if applicable): _____

Details of experiment / protocol: _____

Measurement details

Sr. No.	Parameter to be Recorded	Type of Subject (Human/Animal)	No. of Subjects	Recording Module (ECG/EMG/EEG/Respiration/BP etc.)	Duration of Recording (min)

Note: Maximum 5 experiments per requisition form. Ethical approval is mandatory for human or animal studies.

Kindly consult CFC staff before conducting physiological experiments.

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Lab reference no:.....

Samples received on:.....

No. of samples:.....

Samples analyzed on:.....

Invoice/Receipt no:.....

Results delivered on:.....

Name and signature of operator

Name and signature of laboratory in-charge



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Requisition form for Blood cell analysis using Blood cell counter

Date: _____

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Internal/External (if internal please specify registration no/UID)

Payment options:

Option 1: Demand Draft

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Option 2: Online transfer

Transfer cash in A/C no., Bank name.....,

IFSC code.....

Use for PAYTM

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Information of Experiment

Sample Type: Whole Blood (EDTA) / Serum / Plasma

Species: Human / Rat / Mouse / Rabbit / Other

Details (Chemical / Infectious / Hazardous): _____

Measurement details

Sr. No.	Sample ID	Species	Test Required (CBC/Differential)	Parameters Required (RBC, WBC, Hb, Platelets etc.)	Sample Volume (µL)	Remarks

Note: Maximum 5 samples per requisition form. Blood samples should preferably be collected in EDTA tubes. Minimum sample volume required: 100–200 µL. Samples is analyzed within 4–6 hours of collection.

Undertaking

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Lab reference no:.....

Samples received on:.....

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Samples analyzed on:.....

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Name and signature of operator

Name and signature of laboratory in-charge