



## BRAINWARE UNIVERSITY

Department of Pharmaceutical Technology

### SAMPLE ANALYSIS / ACTIVITY SERVICES REQUISITION FORM

#### 1. SENDER DETAILS (To be filled by the sender/client)

- Name of the Sender: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Institution/Organization: \_\_\_\_\_
- Department: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email ID: \_\_\_\_\_

#### 2. SAMPLE DETAILS

SL no	Sample Code	Sample Type	Number of Samples	Service/Analysis Requested

#### 3. PURPOSE OF STUDY / ANALYSIS:

#### 4. DECLARATION BY THE CLIENT

I hereby declare that the submitted samples are non-hazardous and safe to handle. I also agree to acknowledge the Department of Pharmaceutical Technology, Brainware University, in any publication or report generated from the use of data/services provided.

Signature of the Sender: \_\_\_\_\_

#### 5. FORWARDING BY HEAD OF INSTITUTION / DEPARTMENT

I hereby forward the request for sample analysis and recommend the same for consideration.

- Name: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Institution Name: \_\_\_\_\_

Official Seal & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR OFFICIAL USE ONLY (To be filled by the Department of Pharmaceutical Technology)

Received By	Date of Receipt	Sample Condition	Approved By	Date of Approval