

Registration No:
Date

Please Tick (✓)

IND	<input type="checkbox"/>	cGMP	<input type="checkbox"/>	others	<input type="checkbox"/>
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QUALITY CONTROL QUALITY ASSURANCE & CMC DIVISION
CSIR - INDIAN INSTITUTE OF INTEGRATIVE MEDICINE - JAMMU

FOR SAMPLE ANALYSIS - INTERNAL

Details to be furnished by IIIM Scientists:

- (1) Project No: _____ Section/Division: _____
- (2) Total No. of Samples _____
- Sample codes _____
 - Nature of sample supplied _____
(Pl. specify the name of plant material / its source)
 - Any other specific information about the sample _____
- (3) Analytical tests/parameters (to be undertaken).
- | | |
|----|----|
| a) | e) |
| b) | f) |
| c) | g) |
| d) | h) |
- (4) Material /CRM/markers supplied (If any, please quantify)
- a) _____ b) _____ c) _____ d) _____
- (5) Protocol/column of HPLC/HPTLC/LC-MS.MS/GC/GC-MS.MS } Details as under / Unknown
may be furnished wherever applicable

Certified that the above work is official. QCQA will be part to IPR/Publications arising out of these quantifications.

We authorize F&AO to debited testing charges of above samples to Project No: _____

Signature of Indenter
(Name/ Designation)

Head/Chairman
Division /section

Head / Q.M.
QCQA&CMC Division.

CHARGES AND PAYMENTS	
Testing Charges	Rs.
Total	

Report received	<input type="checkbox"/>	Number	<input type="checkbox"/>
Sample received	<input type="checkbox"/>	Number	<input type="checkbox"/>
Date sheet/graphs etc. handed over	<input type="checkbox"/>	Number	<input type="checkbox"/>

Signature of Receiver with date