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# SOP FOR OUTSIDE SAMPLE ANALYSIS IN CENTRAL INSTRUMENT LABORATORY OF SVKM IoP, DHULE

- 1. The duly signed sample request form by authorised person (Student/Guide/Head of Institute/Authorized Person of Institute) is required. The request forms are given below.
- 2. The sample charges are available on our website (Inclusive of GST 18%) and are given below.
- Only online payment will be accepted.Kindly use following bank details for making **online payment**:

<b>Institution Account Name</b>	Shri Vile Parle Kelavani Mandal's Institute of
(As Per Bank Record)	Pharmacy, Dhule
Account No.	9913294131
IFSC Code	KKBK0002049
Bank Name (In Full)	Kotak Mahindra Bank
Branch Name	Dhule
<b>Complete Branch Address</b>	Ground Floor, R.R. Patil Complex, Lan No. 06,
	Parola Road, Dhule - 424001
MICR No.	424485001
Account Type	Current

4. For further queries regarding payment, please contact to **Accounts Dept, SVKM's Institute of Pharmacy, Dhule** (Contact No. 02562 297 802).

Email: dipak.sanyasi@svkm.ac.in

5. The signed **sample request form**, **identity card copy** and **payment receipt** should be submitted to **Mr. Ravindra Shirsath**, Central Instrument Laboratory, Shri Vile Parle Kelavani Mandal's Institute of Pharmacy, Dhule **by email** or **hardcopy**.

Email: ravindra.shirsath@svkm.ac.in (Contact No. 02562 297 802).

#### **Postal Address:**

Central Instrument Laboratory, Shri Vile Parle Kelavani Mandal's Institute of Pharmacy, Dhule, Survey No. 499, Plot No- 03, Mumbai - Agra Rd, Behind Gurudwara, Dhule, 424001, Maharashtra, INDIA



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#### **CHARGES FOR INSTRUMENT USE**

Sr.			Charges (₹)			
No	Name of Instrument	Make & Model	Industry	R & D Lab	Educational Institution	
1.	Differential Scanning Calorimeter- DSC (per sample)	Make: Hitachi NEXTA, Japan Model: DSC 200	2500	1500	600	
2.	Particle Size Analyzer (per sample)	Make: Anton Par, Model: Litesizer DLS 500	1500	1000	500	
3.	Zeta Potential (per sample)	Make: Anton Par, Model: Litesizer DLS 500	1500	1000	500	
4.	Brookfield Rheometer	Make: Brookefield Amtek, Model DV3T	500	400	100	
5.	Freeze Dryer (per day)	Make: Labconco Model: 4.5L	2500	2000	1000	
6.	Extruder & Spheronizer	Make: UICE LAB Model:	300	200	100	
7.	HPLC Analysis (per day)	Make: Waters Alliance, USA Model: e2695 with Empower Software	5000	3000	1500	
8.	HPLC Analysis (per run)	Make: Waters Alliance, USA Model: e2695 with Empower Software	500	300	200	
9.	FTIR with ATR (per sample)	Make: Perkin Elmer Model: Spectrum Two with Spectrum IR Software	800	500	250	
10.	UV Visible Spectrophotometer (per sample)	Make: Shimadzu, Japan Model: UV-1900 with UV Probe Software	750	400	100	
11.	Hematology Analyzer (per sample)	Make: Nihon Kohden Model: MEK-6550K	400	400	400	
12.	Semi-Auto Analyzer (per sample)	Make: Erba Model: Erba Chem-7	150	150	150	
13.	Motic Microscope (per slide)	Make: Motic Advance Research Trinocular with 6 MP Cameras Model: PA53 BIO with Moticom.56	150	150	150	
14.	Cryostat Leica CM1520 (per tissue sample)	Make: Leica Model: Leica CM 1520	350	350	350	
15.	Multimode Microplate Reader	Make: Biotek Model: Synergy H1	450	450	450	
16.	Soxhlet extractor (Per Solvent/day)	Make: Borosil Model:-	2000	1500	1000	
17.	TLC Separation	Make: Merck Model: Silica gel 60 F254	800	400	200	
18.	Ultracentrifuge	Make: Model:	With Tubes 6000/day 1000/hour Without Tubes 5000/day 800/hour	With Tubes 4000/day 800/hour Without Tubes 3000/day 0650/hour	With Tubes 2500/day 600/hour Without Tubes 2000/day 500/hour	

#### Charges inclusive of 18% GST

The above-mentioned charges are only for the utilization of the instruments and overheads. The respective user should carry the reagents, solvents, columns and other requirements.

Pharmacological microscopy: Only sectioning charges. No staining included.



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#### LIST OF SERVICE REQUEST FORMS

Sr. No.	Name of Instrument
1	DSC
2	Particle Analyzer
3	Brookefield Rheometer
4	Freeze Dryer
5	FTIR
6	UV Visible Spectrophotometer
7	HPLC
8	Motic Microscope
9	Multimode Microplate Reader
10	Cryostat Leica
11	Hematology Analyzer
12	Semi-Auto Analyzer
13	Blank Format



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### **SERVICE REQUEST FORM: DSC**

	(Make: Hitachi NE						
Name of Requisitioner:				Date:			
Name of In	stitute/ Industry:						
Complete P	Postal Address:						
E-mail ID:				Mobile No.:			
Working Te	mperature Range fo	or the instrument	is -30°C to 500°C	C at heating rate 1	0°C/ min.		
Sr. No.	Sample Nan	ne/Code	<b>Melting Point</b>	Initial Temp	Final Temp		
1							
2							
3							
4							
5							
Any additio	nal information lik	e handling precau	itions if any:				
				_			
Payment De	etails: Mode: Onlin	ne only	Method: NI	EFT/RTGS/UPI/			
Payment Da	ate :	•••••	Amount Pai	d:			
Transaction	n ID :	•••••	(In words:	(In words:			
Note: Ple	ase enclosed copy o	of ID card and po	yment receipt to	this form.			
ignature of	Requisitioner:			Verified B	y		
Name & Sign Head of Insti Authorized H		Guide/		Approved l	ру		
eal:				ame: Dept. of			
Analysis Date	e:		Report Sent	Date:			
Name of Ana	lyst & Sign:		Report Sent	bv:			



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### SERVICE REQUEST FORM: PARTICLE ANALYZER

(Make: Anton Par, Model: Litesizer DLS 500)

		,		<u> </u>		
Name of Re	equisitioner:			Da	te:	
Name of Ins	stitute/ Industry:			,		
Complete P	ostal Address:					
E-mail ID:				Mobile No.:		
		/ solution / stable su andled for Zeta Poter		form.		
Sr. No.	Sample	Aqueous Sa	-	Particle	Zeta Potential	
1	Name/Code	(Yes/No	0)	Size (√)	(√)	
2						
3						
4						
-	nal information like	handling precaution	one if any:			
——————————————————————————————————————	nai information fixe	nanding precautio	ms ii aiiy			
Doymont Do	etaila Mada Onlin	a only	Mathada	NEET/DTCC/H	PI/	
•	etails: Mode: Onlir	•				
-	ate :		Amount P	<b>Paid:</b>		
Transaction	n ID :		(In words	S:	)	
Note: Plea	ase enclosed copy o	of ID card and paym	ent receipt	to this form.		
Signature o	f Requisitioner:			Verifie	d By	
Name & Sig Head of Ins Authorized		s Guide/		Approv	ed by	
Seal:			HoD Name:			
Analysis Date	e:		Report Ser	•		
Name of Ana			Report Sei			



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### SERVICE REQUEST FORM: BROOKEFIELD RHEOMETER

(Make: Brookefield Amtek, Model: DV3T)

			T_
iisitioner:			Date:
tute/ Industry:			
tal Address:			
,			Mobile No.:
nl Sample should	be sent.		
Sample Na	me/Code	Sp	oindle set Information
information like	handling precau	itions if any: _	
information like	handling precau	tions if any:	
information like			T/RTGS/UPI/
	e only	Method: NEF	
ils: Mode: Onlin	e only	Method: NEF	T/RTGS/UPI/
ils: Mode: Onlin	e only	Method: NEF Amount Paid (In words:	T/RTGS/UPI/
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t	al Address:	ute/ Industry:	al Address:  al Sample should be sent.



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### SERVICE REQUEST FORM: FREEZE DRYER

(Make: Labconco Model: 4.5L)

		(Make. Labcond	to Model. 4.31	۵)	
Name of Re	equisitioner:				Date:
Name of In	stitute/ Industry:			L	
Complete P	Postal Address:				
E-mail ID:				Mobile N	0.:
	l ald be in a liquid fo	<b>rm</b> .			
	taining organic solv		ess.		
Sr. No.	Sample Na		Number o	of vials	Time (Hours)
1					
2					
3					
4					
5					
Any addition	nal information like	e handling precaut	ions if any: _		
·					
Payment De	etails: Mode: Onlin	ne only	Method: NEF	T/RTGS/U	PI/
Payment Da	ate :		Amount Paid:		
Transaction	n ID :		(In words:		)
Note: Ple	ase enclosed copy o	of ID card and pay	ment receipt i	to this form	··
Signature of	Requisitioner:			Vei	rified By
Name & Sigr Head of Insti Authorized I		Guide/		Арр	proved by
Seal:			HoD I		
Analysis Date	e:		Report Sen	t Date:	
Name of Ana	llyst & Sign:		Report Sen	t by:	



Name of Analyst & Sign:

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### SERVICE REQUEST FORM: FTIR

(Fourier Transform Infrared Spectrophotometer with ATR) (Make: Perkin Elmer Model: Spectrum Two, Software: Spectrum IR)

			,	,
Name of Re	quisitioner:			Date:
Name of Ins	stitute/ Industry:			,
Complete P	ostal Address:			
Complete 1	ostai Addi ess.			
E-mail ID:			Mo	obile No.:
Sr. No.	Sa	mple Name/Code		Solid/ Liquid
1				
2				
3				
4				
5				
Any addition	nal information lik	e handling precaution	ons if any:	
Payment De	etails: Mode: Onlin	ne only	Method: NEF	Γ/RTGS/UPI/
Payment Da	ate :		Amount Paid:	
Transaction	ı ID :		(In words:	)
Note: Plea	ase enclosed copy o	of ID card and paym	ent receipt to th	is form.
Signature of	Requisitioner:			Verified By
Name & Sign Head of Insti Authorized P		Guide/		Approved by
Seal:			HoD Name	<b>:</b>
			Dept	. of
Analysis Date	<b>e:</b>		Report Sent Dat	te:

**Report Sent by:** 



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### **SERVICE REQUEST FORM: UV VISIBLE Spectrophotometer**

(Make: Shimadzu Model: IIV 1900 with IIV probe software)

	(Wake. Silli	nadzu Wiodei. O v 1	you with e v probe son	(ware)
Name of Re	quisitioner:			Date:
Name of Ins	stitute/ Industry:			
Complete P	ostal Address:			
E-mail ID:			Mobile 1	No.:
Sr. No.	Sample Na	nme/Code	Scanning Range	Fixed wavelength
1				
2				
3				
4				
5				
Any addition	nal information lik	e handling precauti	ons if any:	<u> </u>
Payment De	etails: Mode: Onlin	ne only	Method: NEFT/RTGS/	UPI/
Payment Da	ate :	A	amount Paid:	
Transaction	ı ID :		(In words:	)
Note: Plea	ase enclosed copy of	of ID card and pay	ment receipt to this for	m.
ignature of	Requisitioner:		Ve	erified By
Name & Sign Head of Insti Authorized P		Guide/	$\mathbf{A}\mathbf{p}_{j}$	proved by
eal:				
Analysis Date	2:		Report Sent Date:	
Name of Ana	lyst & Sign:		Report Sent by :	



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### SERVICE REQUEST FORM: HPLC

	(Make: Waters	Amance, Model: 6	e2695 with Empower Software)
Name of Re	equisitioner:		Date:
Name of Ins	stitute/ Industry:		1
Complete P	ostal Address:		
<b>4</b>			
E-mail ID:			Mobile No.:
Detail chron	natographic conditi	ons and procedure	must should be provided.
Analytical N	Method developmen	t and validation cha	arges will be extra as per requirement.
Sr. No.	Sample Na	me/Code	Number of Injections
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2			
3			
4			
5			
Any addition	nal information like	e handling precauti	ons if any:
Payment De	etails: Mode: Onlin	ne only	Method: NEFT/RTGS/UPI/
Payment Da	ate :	A	Amount Paid:
Transaction	n ID :		(In words:)
Note: Ple	ase enclosed copy o	of ID card and pay	ment receipt to this form.
Signature of	Requisitioner:		Verified By
Name & Sigr Head of Insti Authorized F		Guide/	Approved by
Seal:			HoD Name:
Analysis Date	e:		Report Sent Date:

Analysis Date:	Report Sent Date:
Name of Analyst & Sign:	Report Sent by:



Name of Analyst & Sign:

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### **SERVICE REQUEST FORM: Motic Microscope**

Name of Re	equisitioner:			Date:	
Name of Ins	stitute/ Industry:			l	
Complete P	ostal Address:				
E-mail ID:				Mobile No.:	
Detail chron	natographic conditi	ons and procedure	e must should b	e provided.	
Analytical M	Tethod developmen	t and validation c	harges will be	extra as per requiren	nent.
Sr. No.	Sample Na	me/Code	10X	20X	40X
1					
2					
3					
4					
Any addition	nal information lik	e handling precau	itions if any: _		
Payment Do	etails: Mode: Onlin	ne only	Method: NEF	T/RTGS/UPI/	
Payment Da	ate :		Amount Paid	<b>:</b>	
Transaction	n ID :		(In words:		
Note: Plea	ase enclosed copy o	of ID card and pa	yment receipt i	to this form.	
ignature of	Requisitioner:			Verified By	
_	nature of Students	Guide/		Approved by	
Iead of Insti Authorized P					
eal:	Crown .			ame:Dept. of	
Analysis Date	e:		Report Sen	t Date:	

**Report Sent by:** 



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### **SERVICE REQUEST FORM: Multimode Microplate Reader**

(Make: Biotek, Model: Synergy H1)

	(	Make: blotek, Mc	der. Synergy H	11)	
Name of Re	equisitioner:			Date:	
Name of In	stitute/ Industry:				
<b>Complete P</b>	Postal Address:				
E-mail ID:				Mobile No.:	
Sr. No.	Sample Na	me/Code	Serum	Plasma	Tissue
1			- Sci uiii	1 Iasilia	homogenate
2					
3					
4					
5					
	 nal information like	handling process	ions if any		
——————	nai information nk	- nanding precaut	ions if any		
Payment De	etails: Mode: Onlin	ne only	Method: NEFT	Γ/RTGS/UPI/	
Payment Da	ate :		Amount Paid:		
Transaction	n ID :		(In words:		)
Note: Ple	ase enclosed copy o				
Signature of	Requisitioner:			Verified B	y
Name & Sigr Head of Insti Authorized I		Guide/		Approved t	ру
Seal:				me: Dept. of	
Analysis Date	e:		Report Sent	Date:	
Name of Ana	llyst & Sign:		Report Sent	by:	



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### **SERVICE REQUEST FORM: Cryostat Leica**

(Make: Leica, Model: Leica CM 1520)

	(11)	ake. Leiea, wioae	i. Ecica Civi	1320)	
Name of Re	equisitioner:			Date:	
Name of Ins	stitute/ Industry:				
Complete P	Postal Address:				
E-mail ID:				Mobile No.:	
Working Te	mperature for the ins	strument is -28°C.		•	
Sr. No.	Sample Nar	ne/Code	Tissue type	Cutting size (µm)	Temperature
1			-		
2					
3					
4					
5					
Any addition	nal information like	handling precauti	ions if any: _		
Payment De	etails: Mode: Online	e only	Method: NE	FT/RTGS/UPI/	
Payment Da	ate :		Amount Paid	d <b>:</b>	
Transaction ID:		(In words:		)	
Note: Ple	ase enclosed copy of	f ID card and pay	ment receipt	to this form.	
Signature of	Requisitioner:			Verified I	Ву
Name & Sigr Head of Insti Authorized F		Guide/		Approved	by
Seal:			HoD I	Name: Dept. of	
Analysis Date	e:		Report Ser	nt Date:	
Name of Ana	lyst & Sign:		Report Ser	nt by:	



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### **SERVICE REQUEST FORM: Hematology Analyzer**

(Make: Nihon Kohden, Model: MEK-6550K)

Name of Re	equisitioner:			Date:	
Name of Ins	stitute/ Industry:			<u> </u>	
<b>Complete P</b>	Postal Address:				
E-mail ID:				Mobile No.:	
Working Te	mperature for the in	nstrument is -28°C	1		
Sr. No.	Sample Na	me/Code	Serum	Plasma	Any other
1					
2					
3					
4					
5					
Any addition	nal information lik	e handling precau	tions if any:		_
Payment De	etails: Mode: Onlin	ne only	Method: NEF	T/RTGS/UPI/	
Payment Da	ate :		Amount Paid		
Transaction ID:		(In words:		)	
Note: Plea	ase enclosed copy o	of ID card and pag	yment receipt t	o this form.	
Signature of	Requisitioner:			Verified B	зу
Name & Sigr Head of Insti Authorized F		Guide/		Approved	by
Seal:				ame: Dept. of	
Analysis Date	e:		Report Sent	Date:	
Name of Ana	llyst & Sign:		Report Sent	by:	



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### **SERVICE REQUEST FORM: Semi-Auto Analyzer**

(Make: Erba, Model: Erba Chem-7)

Name of Re	quisitioner:			Date:		
Name of Ins	stitute/ Industry:					
Complete P	ostal Address:					
E-mail ID:				Mobile No.:		
Working Ter	mperature for the i	nstrument is -28°	C.			
Sr. No.	Sample Na	ame/Code	Serum	Plasma	Any other	
1						
2						
3						
4						
5						
	nal information lik					
•	etails: Mode: Onli	•	<b>Method:</b> NEF	T/RTGS/UPI/		
•	ate :		<b>Amount Paid</b>	•		
Transaction ID:		(In words :				
Note: Plea	ase enclosed copy	of ID card and p	ayment receipt t	o this form.		
Signature of 1	Requisitioner:			Verified 1	Ву	
Name & Sign Head of Insti Authorized P		Guide/		Approved	by	
Seal:				ame:Dept. of		
Analysis Date	e:		Report Sent	Date:		
Name of Analyst & Sign:			Report Sent by :			



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### SERVICE REQUEST FORM: .....

Name of Ro	equisitioner:		Date:
Name of In	stitute/ Industry:		I
Complete I	Postal Address:		
E-mail ID:			Mobile No.:
Procedure:			
Sr. No.	Sample Na	me/Code	Details of Study
1			
Any addition	nal information lik	e handling precau	itions if any:
Any additio	onal information lik	e handling precau	tions if any:
	onal information lik		Method: NEFT/RTGS/UPI/
Payment D		ne only	
Payment D Payment D	etails: Mode: Onlin	ne only	Method: NEFT/RTGS/UPI/  Amount Paid:
Payment D Payment D Transaction	etails: Mode: Onlinate :	ne only	Method: NEFT/RTGS/UPI/
Payment D Payment D Transaction Note: Ple	etails: Mode: Onlinate :	ne only	Method: NEFT/RTGS/UPI/
Payment D Payment D Transaction Note: Ple	etails: Mode: Onlinate :	ne only of ID card and pa	Method: NEFT/RTGS/UPI/  Amount Paid:  (In words:

Analysis Date:	Report Sent Date:
Name of Analyst & Sign:	Report Sent by :