



Shri Vile Parle Kelavani Mandal's
INSTITUTE OF PHARMACY, DHULE

Approved by AICTE, PCI, DTE, Affiliated to DBATU Lonere, MSBTE Mumbai

Vision: To pursue excellence in pharmaceutical education and research to develop competent professionals.

(02562) 297802, 297602

www.svkm-iop.ac.in

iopdhule@svkm.ac.in

**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.
3. Only online payment will be accepted.
Kindly use following bank details for making **online payment**:

Institution Account Name (As Per Bank Record)	Shri Vile Parle Kelavani Mandal's Institute of Pharmacy, Dhule
Account No.	9913294131
IFSC Code	KKBK0002049
Bank Name (In Full)	Kotak Mahindra Bank
Branch Name	Dhule
Complete Branch Address	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. No	Name of Instrument	Make & Model	Charges (₹)		
			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 NEXTA, Model: DSC 200 with Polyscience Nitra cooler)

Name of Requisitioner:		Date:		
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:		Mobile No.:		
Working Temperature Range for the instrument is -30°C to 500°C at heating rate $10^{\circ}\text{C}/\text{min}$.				
Sr. No.	Sample Name/Code	Melting Point	Initial Temp	Final Temp
1				
2				
3				
4				
5				
Any additional information like handling precautions if any: _____				

Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....		
Payment Date :		Amount Paid:		
Transaction ID :		(In words:.....)		

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

**Name & Signature of Students Guide/
Head of Institute/
Authorized Person :**

Approved by

Seal:

HoD Name:.....
Dept. of.....

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



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SERVICE REQUEST FORM: PARTICLE ANALYZER

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

Name of Requisitioner:			Date:	
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:		Mobile No.:		
Please note-				
<ul style="list-style-type: none">• Samples should be in liquid/ solution / stable suspension form.• Organic sample cannot be handled for Zeta Potential				
Sr. No.	Sample Name/Code	Aqueous Sample (Yes/No)	Particle Size (√)	Zeta Potential (√)
1				
2				
3				
4				
Any additional information like handling precautions if any: _____				

Payment Details: Mode: Online only			Method: NEFT/RTGS/UPI/.....	
Payment Date :			Amount Paid:	
Transaction ID :			(In words:.....)	

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

Name & Signature of Students Guide/

Approved by

Head of Institute/

Authorized Person :

Seal:

HoD Name:.....
Dept. of:.....

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



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SERVICE REQUEST FORM: BROOKEFIELD RHEOMETER

(Make: Brookefield Amtek, Model: DV3T)

Name of Requisitioner:		Date:
Name of Institute/ Industry:		
Complete Postal Address:		
E-mail ID:		Mobile No.:
Minimum 50 ml Sample should be sent.		
Sr. No.	Sample Name/Code	Spindle set Information
1		
2		
3		
4		
5		
Any additional information like handling precautions if any: _____		

Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....
Payment Date :		Amount Paid:
Transaction ID :		(In words:.....)

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

Name & Signature of Students Guide/

Approved by

Head of Institute/

Authorized Person :

Seal:

HoD Name:.....

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SERVICE REQUEST FORM: FREEZE DRYER

(Make: Labconco Model: 4.5L)

Name of Requisitioner:		Date:	
Name of Institute/ Industry:			
Complete Postal Address:			
E-mail ID:		Mobile No.:	
Sample should be in a liquid form. Sample containing organic solvent cannot be process.			
Sr. No.	Sample Name/Code	Number of vials	Time (Hours)
1			
2			
3			
4			
5			
Any additional information like handling precautions if any: _____ _____			
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....	
Payment Date :		Amount Paid:	
Transaction ID :		(In words:.....)	

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

**Name & Signature of Students Guide/
Head of Institute/
Authorized Person :**

Approved by

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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 Requisitioner:		Date:
Name of Institute/ Industry:		
Complete Postal Address:		
E-mail ID:		Mobile No.:
Sr. No.		
Sample Name/Code		
Solid/ Liquid		
1		
2		
3		
4		
5		
Any additional information like handling precautions if any: _____		
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....
Payment Date :		Amount Paid:
Transaction ID :		(In words:.....)

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

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SERVICE REQUEST FORM: UV VISIBLE Spectrophotometer

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

Name of Requisitioner:		Date:	
Name of Institute/ Industry:			
Complete Postal Address:			
E-mail ID:		Mobile No.:	
Sr. No.	Sample Name/Code	Scanning Range	Fixed wavelength
1			
2			
3			
4			
5			
Any additional information like handling precautions if any: _____ _____			
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....	
Payment Date :		Amount Paid:	
Transaction ID :		(In words:.....)	

Note: Please enclosed copy of ID card and payment receipt to this form.

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SERVICE REQUEST FORM: HPLC

(Make: Waters Alliance, Model: e2695 with Empower Software)

Name of Requisitioner:		Date:
Name of Institute/ Industry:		
Complete Postal Address:		
E-mail ID:		Mobile No.:
Detail chromatographic conditions and procedure must should be provided. Analytical Method development and validation charges will be extra as per requirement.		
Sr. No.	Sample Name/Code	Number of Injections
1		
2		
3		
4		
5		
Any additional information like handling precautions if any: _____ _____		
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....
Payment Date :		Amount Paid:
Transaction ID :		(In words:.....)

Note: Please enclosed copy of ID card and payment receipt to this form.

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SERVICE REQUEST FORM: Motic Microscope

(Make: Motic Advance Research Trinocular Microscope With 6.0 MP Camera, Model: PA53 BIO with Moticom.56)

Name of Requisitioner:		Date:		
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:		Mobile No.:		
Detail chromatographic conditions and procedure must should be provided. Analytical Method development and validation charges will be extra as per requirement.				
Sr. No.	Sample Name/Code	10X	20X	40X
1				
2				
3				
4				
Any additional information like handling precautions if any: _____ _____				
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....		
Payment Date :		Amount Paid:		
Transaction ID :		(In words:.....)		

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

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Head of Institute/
Authorized Person :**

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SERVICE REQUEST FORM: Multimode Microplate Reader

(Make: Biotek, Model: Synergy H1)

Name of Requisitioner:			Date:	
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:		Mobile No.:		
Sr. No.	Sample Name/Code	Serum	Plasma	Tissue homogenate
1				
2				
3				
4				
5				
Any additional information like handling precautions if any: _____ _____				
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....		
Payment Date :		Amount Paid:		
Transaction ID :		(In words:.....)		

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SERVICE REQUEST FORM: Cryostat Leica

(Make: Leica, Model: Leica CM 1520)

Name of Requisitioner:			Date:	
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:		Mobile No.:		
Working Temperature for the instrument is -28°C.				
Sr. No.	Sample Name/Code	Tissue type	Cutting size (µm)	Temperature
1				
2				
3				
4				
5				
Any additional information like handling precautions if any: _____				

Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....		
Payment Date :		Amount Paid:		
Transaction ID :		(In words:.....)		

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Signature of Requisitioner:

Verified By

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SERVICE REQUEST FORM: Hematology Analyzer

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

Name of Requisitioner:		Date:		
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:		Mobile No.:		
Working Temperature for the instrument is -28°C.				
Sr. No.	Sample Name/Code	Serum	Plasma	Any other
1				
2				
3				
4				
5				
Any additional information like handling precautions if any: _____ _____				
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....		
Payment Date :		Amount Paid:		
Transaction ID :		(In words:.....)		

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

**Name & Signature of Students Guide/
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SERVICE REQUEST FORM: Semi-Auto Analyzer
(Make: Erba, Model: Erba Chem-7)

Name of Requisitioner:			Date:	
Name of Institute/ Industry:				
Complete Postal Address:				
E-mail ID:				Mobile No.:
Working Temperature for the instrument is -28°C.				
Sr. No.	Sample Name/Code	Serum	Plasma	Any other
1				
2				
3				
4				
5				
Any additional information like handling precautions if any: _____ _____				
Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....		
Payment Date :		Amount Paid:		
Transaction ID:		(In words :.....)		

Note: Please enclosed copy of ID card and payment receipt to this form.

Signature of Requisitioner:

Verified By

**Name & Signature of Students Guide/
Head of Institute/
Authorized Person :**

Approved by

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SERVICE REQUEST FORM:

Name of Requisitioner:		Date:
Name of Institute/ Industry:		
Complete Postal Address:		
E-mail ID:		Mobile No.:
Procedure:		
Sr. No.	Sample Name/Code	Details of Study
1		
Any additional information like handling precautions if any: _____		

Payment Details: Mode: Online only		Method: NEFT/RTGS/UPI/.....
Payment Date :		Amount Paid:
Transaction ID:		(In words :.....)

Note: Please enclosed copy of ID card and payment receipt to this form.

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Seal:

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