

Advanced Analytical & Characterization Resource (AACR) Facility  
Biotechnology Incubation Centre (BTIC)

1 Applicant and Company Information	
1-1	Applicant Name
1-2	Company Name & Complete Postal Address for Correspondence _____
1-3	Telephone/Mobile and Email ID.

2 Mode of Submission/Delivery	
2-1	<b>Submission of Sample</b> <input type="checkbox"/> In Person <input type="checkbox"/> By Post/Courier
2-2	<b>Delivery of Report</b> <input type="checkbox"/> Will Collect <input type="checkbox"/> Send by Mail <input type="checkbox"/> Send by Post

3 Test Sample Details	
3-1	Nature of Sample & Quantity <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Other    Quantity : _____
3-2	Number of Samples & Codes
3-3	Analysis <input type="checkbox"/> UHPLC/MS <input type="checkbox"/> NMR <input type="checkbox"/> HPLC <input type="checkbox"/> Multimode Plate Reader
3-4	Expected Molecular Weight and Molecular Formula ( for HRMS)
3-5	NMR Analysis
	<input type="checkbox"/> <sup>1</sup> H <input type="checkbox"/> VT <input type="checkbox"/> Kinetics <input type="checkbox"/> 2D-TOSCY
	<input type="checkbox"/> <sup>13</sup> C <input type="checkbox"/> DEPT 45 <input type="checkbox"/> 1D-NOE <input type="checkbox"/> 2D-ROESY
	<input type="checkbox"/> <sup>31</sup> P <input type="checkbox"/> DEPT 90 <input type="checkbox"/> 2D- COSY <input type="checkbox"/> 2D-HSQC
	<input type="checkbox"/> <sup>19</sup> F <input type="checkbox"/> DEPT 135 <input type="checkbox"/> 2D- NOESY <input type="checkbox"/> 2D- HMBC
3-6	Solvent for NMR
	<input type="checkbox"/> Chloroform-D <input type="checkbox"/> Dimethylsulfoxide-D6 <input type="checkbox"/> Acetone D6
	<input type="checkbox"/> Methanol D4 <input type="checkbox"/> Acetonitrile D3 <input type="checkbox"/> Benzene D6
	<input type="checkbox"/> Deuterium oxide D6 <input type="checkbox"/> Pyridine D5 <input type="checkbox"/> Others
3-7	UHPLC / MS Analysis
	<input type="checkbox"/> ESI-MS <input type="checkbox"/> APPI-MS <input type="checkbox"/> APCI-MS
	<input type="checkbox"/> ESI-HRMS <input type="checkbox"/> APPI-HRMS <input type="checkbox"/> APCI-HRMS
	<input type="checkbox"/> LC-HRMS <input type="checkbox"/> LC-MS/MS <input type="checkbox"/> Others

PTO - Instructions, Payment Details & For Office use

✂	<h2>Test Requisition Form      Acknowledgement</h2>
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Sample Registration No:    **SBTIC/AACR/** \_\_\_\_\_

Any Other \_\_\_\_\_

Date:
Time:

Sample Received by:  
Name & Signature

3-8	HPLC Analysis	<input type="checkbox"/> RPHPLC	<input type="checkbox"/> NPHPLC	<input type="checkbox"/> GPC/SEC	<input type="checkbox"/> CHIRAL	<input type="checkbox"/> Ion Pair
		<input type="checkbox"/> Assay	<input type="checkbox"/> Related Substances	<input type="checkbox"/> Others		
3-9	HPLC Conditions					
3-10	Multimode Plate Reader ( Plate for Multimode Reader to be provided by the user )	<input type="checkbox"/> Absorbance	<input type="checkbox"/> Fluorescence	<input type="checkbox"/> Luminescence		
3-11	Instructions/Precautions if any					
3-12	<b>Payment Details</b>	DD / Cheque No	Dated	Bank & Branch		
in words					Rs. ₹	
					rupees only	

<ul style="list-style-type: none"> <li>The samples are drawn and submitted by us.</li> <li>SBTIC-AACR shall follow generally accepted test methods unless otherwise specified.</li> </ul>	Date: Time:
<b>Signature of the Applicant with stamp</b>	

<b>Instructions</b>	➤ All results would be given as a report on hard copy/soft copy
<b>Payment Details</b>	➤ Payment to be made through Demand Draft/Cheque/NEFT/Online Bank transfer payable in favor of : <b>SBTIC- AACR Facility</b> Account No. : <b>62478158213</b> payable at Hyderabad IFSC CODE : <b>SBHY0021045</b> Bank & Branch : <b>State Bank of Hyderabad, ICT Branch, Hyderabad</b>

For Office use		
<b>Sample Registration No : SBTIC/AACR/ _____</b>		
<b>Sample Received by:</b>		
Name	Signature	Date
<b>Sample Analysed by:</b>		
Name	Signature	Date
<b>Analysis Checked by:</b>		
Name	Signature	Date
<b>Analyst/ Sr Analyst</b> ( Name and Signature with Date )		<b>Facility-In-Charge</b> ( Name and Signature with Date )



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**Advanced Analytical & Characterization Resource (AACR) Facility  
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