



Rawalpindi Women University, Rawalpindi

Office of Research, Innovation & Commercialization (ORIC) Central Lab



FTIR Sample Analysis Request Form

a) Researcher Information

Full Name		Program	
Phone Number		Email Address	
Department/Research Group		Affiliation/Institution	

b) Sample Information

Sample Name/ID		Number of Samples	
Sample Description	Crystalline	Amorphous <input type="checkbox"/>	Liquid <input type="checkbox"/>
	Soluble in		
Date Sample Needs to be Analyzed			
Analysis Requirements			

c) Analysis

FTIR Spectral Range	
Specific Components or Functional Groups of Interest	
Special Instructions or Requests	

d) Billing Information

Project/Grant Number (if applicable)	
Billing Contact Name (if different from researcher)	
Billing Address	
Bill Amount Already Paid (Payment Receipt) (Central Lab Account)	

*Please attach any relevant documents or files, such as method protocols or any specific requirements.

Declaration:

I hereby request FTIR sample analysis services from the laboratory and confirm that all the information provided in this form is accurate and complete. I agree to abide by the laboratory's terms and conditions for sample analysis.

Applicant's Signature: _____

Date: _____

Verified by:

Research Supervisor

Head of the Department
(Name & Stamp)

Additional Director
(ORIC)

For official use:

Sample Received	<input type="checkbox"/>	In-Person	<input type="checkbox"/>	Courier
Sample Recipient Date	/	/20		Signature



Rawalpindi Women University, Rawalpindi
Office of Research, Innovation & Commercialization (ORIC) -
Central Lab



UV/Vis Sample Analysis Request Form

a) Researcher Information

Full Name		Program	
Phone Number		Email Address	
Department		Affiliation/Institution	

b) Sample Information

Sample Name/ID		Number of Samples	
Nature of Sample: <i>(Description)</i>			
Date Sample Needs to be Analyzed			

c) Analysis

UV/Vis wavelength Range	
Special Instructions or Requests	

d) Billing Information

Project/Grant Number (if applicable)	
Billing Contact Name (if different from researcher)	
Billing Address	
Bill Amount Already Paid (Payment Receipt) (Central Lab Account)	

*Please attach any relevant documents or files, such as method protocols or any specific requirements.

Declaration:

I hereby request UV/Vis sample analysis services from the laboratory and confirm that all the information provided in this form is accurate and complete. I agree to abide by the laboratory's terms and conditions for sample analysis.

Applicant's Signature: _____

Date: _____

Verified by:

Research Supervisor

Head of the Department
(Name & Stamp)

Additional Director
(ORIC)

For official use:

Sample Received	<input type="checkbox"/>	In-Person	<input type="checkbox"/>	Courier
Sample Recipient Date	/	/20	Signature	