**Rawalpindi Women University, Rawalpindi**

**Office of Research & Commercialization (ORIC)** **Central Lab**

**FTIR Sample Analysis Request Form**

1. **Researcher Information**

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

1. **Sample Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sample Name/ID** |  | | **Number of Samples** | |  |
| **Sample Description** | **Crystalline** | **Amorphous** | | **Liquid** | |
| Soluble in |
| **Date Sample Needs to be Analyzed** |  | | | | |
| **Analysis Requirements** |  | | | | |

1. **Analysis**

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

1. **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*For official use:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample Received** | In-Person | | Courier | |
| **Sample Recipient Date** | / /20 | **Signature** | |  |