 **Rawalpindi Women University, Rawalpindi**

**Office of Research, Innovation & Commercialization (ORIC)**

 **Central Lab**

**UV/Vis Sample Analysis Request Form**

1. **Researcher Information**

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

1. **Sample Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Name/ID** |  | **Number of Samples** |  |
| **Nature of Sample: *(Description)*** |  |
| **Date Sample Needs to be Analyzed** |  |

1. **Analysis**

|  |  |
| --- | --- |
| **UV/Vis wavelength Range** |  |
| **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 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*For official use:***

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