

Request ID: CLU - -

Analysis Request Form

To BE FILLED BY THE CLIENT

Sample submitted on date:		¹ Expected date of result:	
Sample submitted by:	Name:		
	Dept/Org:		
	Tel:, Email:		
	P.O.Box: Signature: Date:		
Sample Delivered by:	Name:.....Email.....		
Analysis is for:	<input type="checkbox"/> Department <input type="checkbox"/> University Studying course no.		
	<input type="checkbox"/> ² Project (Type and Number:)		
Sample information:	Solid <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Others <input type="checkbox"/> :		
	Number of sample:size(weight/volume):.....		
	Storing condition:		
	More Description		
Tests Required:		
³ Clarify as much as you can		
Acknowledgment Required	The following acknowledgment statement must be included in every publication that includes any results acquired through CLU facilities: "... was accomplished in the Central Laboratories unit, Qatar University." (P.I Signature: Date:)		
Result received by: Date result delivered:..... Signature: Results delivery Mode Cost : QR : Samples returned to customer : (Yes / No) Customer Satisfaction :			

To BE FILLED BY CLU STAFF

Date sample received: Received by: Signature:	
Method(s) of analysis:	
Job Assigned to:	Dr./ Mr./ Ms. : Please take care of the analysis method
Technical Manager:	Date:

¹ Additional sample wt. /vol. will be requested, to repeat analysis, when required. If customer is unable to supply additional sample, a provisional analysis report will be issued. Expected report date is subject to changes, if analysis is repeated.

² Internal or external project, NPRP, UREP or other

³ If you chose a certain method, clarify as much as you can. Example, if analyzed by TGA, provide the temperature range and the heating rate.