

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.