

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	<p>The following acknowledgment statement must be included in every publication that includes any results acquired through CLU facilities:</p> <p align="center">"... was accomplished in the Central Laboratories unit, Qatar University."</p> <p>(P.I Signature: Date:)</p>			
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:	<p align="center">Dr./ Mr./ Ms. : Please take care of the analysis method</p>			
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.