

<b>INHART LABORATORY</b>	Ref. No.	IH-OPE-F07E
	Revision No.	0
<b>Laboratory Booking Form (RAMAN)</b>	Effective Date	26/09/2019
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<b>Booking No:</b> IH-LBF-
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Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
<b>Booking Date (to be determined by Officer)</b>			
	From	To	
<b>Date</b>			
<b>Time</b>			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> <li>• Laser power (%):</li> <li>• Raman shift range (cm<sup>-1</sup>):</li> <li>• Exposure time (s):</li> </ul> <p><i>Laser Wavelength Available : 785nm edge</i></p> <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>		<p><b>No. of sample:</b></p> <p><b>No. of run: single, duplicates, triplicates</b></p> <p><b>Sample name:</b></p> <p><b>Type of sample:</b></p>	
		<b>Status:</b> Please circle relevant column	<b>Sample received</b>
			<b>Sample NOT received</b>
<p>Notes:</p> <p><i>*All applications for booking must be reach the INHART Lab at least <b>3 days</b> prior to the date requested.</i></p> <p><i>*Analysed samples must be collected by the customer within <b>3 days after receiving the result</b>, if not, the samples will be disposed.</i></p> <p>I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.</p>			
Requested by :		Recommendation by (Supervisor/Lecturer):	
Name :		Name :	
Date :		Signature:	
Signature		Stamp:	
Remarks			
For Office Use Only			
Approved by ( Science Officer)		Person in Charge ( Lab Assistant)	
Name :		Name :	
Signature :		Signature & stamp :	
Stamp :		Date :	
<b>Sample run by:</b>			

Quote No.:
Memo No.: