

INHART LABORATORY	Ref. No.	IH-OPE-F07C
	Revision No.	0
Laboratory Booking Form (GC-TOF/MS)	Effective Date	26/09/2019
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Booking No: IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
2			
Method of Work/ Parameters		Description of Samples:	
Solvent delay: Initial temperature: 1) 2) 3) 4) Total run time: <i>*Please attach reference method from journal/ articles (if applicable)</i>		No. of sample: No. of run: single, duplicates, triplicates	
		Status: Please circle relevant column	Sample received
			Sample NOT received
Notes: <i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i> <i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i> 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.			
Requested by : Name : Date : Signature		Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name : Signature : Stamp :		Name : Signature & stamp : Date :	
		Quote No.: Memo No.:	

Quote No.: Memo No.:
