

<b>INHART LABORATORY</b>	Ref. No.	IH-OPE-F071
	Revision No.	0
<b>Laboratory Booking Form (ROTARY EVAPORATOR)</b>	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			
<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>• Rotation speed (rpm):</li> <li>• Vacuum (mbar):</li> <li>• Water bath temperature (°C):</li> <li>• Sample final volume (ml):</li> </ul> <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>		No. of sample: No. of run: single, duplicates, triplicates Sample/s name: Sample type:	
		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 :		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.: