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| INHART LABORATORY | Ref. No. | IH-OPE-F07E |
| | Revision No. | 1 |
| Laboratory Booking Form (RAMAN) | Effective Date | 08/09/2021 |
| | Page | 1 of 1 |

Booking No:
IH-LBF-

| Applicant Information | | | |
|--|------|---|---------------------|
| Supervisor Name: | | Staff/Matric No: | |
| Student Name: | | Contact No: | |
| Study level/ Position: | | Email address: | |
| Dept./Company/Institute: | | | |
| 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 | | | |
| Method of Work/ Parameters | | Description of Samples | |
| <ul style="list-style-type: none"> • Laser power (%): • Raman shift range (cm⁻¹): • Exposure time (s): <p><i>Laser Wavelength Available : 785nm edge</i></p> <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p> | | <p>No. of sample:</p> <p>No. of run: single, duplicates, triplicates</p> <p>Sample name:</p> <p>Type of sample:</p> | |
| | | Status: Please circle relevant column | Sample received |
| | | | Sample NOT received |
| <p>Notes:</p> <p><i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i></p> <p><i>*Analysed samples must be collected by the customer within 3 days after receiving the result, 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 : | |
| Sample run by: | | | |

Quote No.:
Memo No.: