

**INHART RESEARCH LABORATORY**

Ref. No.	IH-OPE-F01B
Revision No.	0
Effective Date	26/09/2019
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**Laboratory Booking Form (Incubator Shaker)**

**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
<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**

- Incubation Temperature:

**No. of sample:**  
**Sample name:**

*\*Please attach reference method from journal/ articles (if applicable)*

<b>Status:</b> Please circle relevant column	<b>Sample received</b>	<b>Sample NOT received</b>
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Notes:

*\*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.*

*\*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.*

I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible on 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 &amp; stamp :

Stamp :

Date :

**Sample run by:**

Quote No.:  
Memo No.: