

INHART RESEARCH LABORATORY

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Laboratory Booking Form (Ultrasonic Homogenizer)

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			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> • Temperature: • Time: • Frequency: <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>	
		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 on 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.: