

INHART RESEARCH LABORATORY

Ref. No.	IH-OPE-F01M
Revision No.	0
Effective Date	26/09/2019
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Laboratory Booking Form (Fluorescent Microplate Reader)

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	
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Method of Work/ Parameters**Description of Samples**

<p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>	<p>No. of sample: No. of run: single, duplicates, triplicates Sample name:</p>		
	<p>Status: Please circle relevant column</p>	<p>Sample received</p>	<p>Sample NOT received</p>

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 :
Signature :
Stamp :

Name :
Signature & stamp :
Date :

Sample run by:

Quote No.:
Memo No.: