

INHART RESEARCH LABORATORY

Ref. No.	IH-OPE-F01T
Revision No.	0
Effective Date	26/09/2019
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Laboratory Booking Form (Biophotometer)

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

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.: