INHART RESEARCH LABORATORY	Ref. No.	IH-OPE-F01W
	Revision No.	0
Laboratory Booking Form (Floor Standing High Speed Refrigerated Centrifuge)	Effective Date	26/09/2019
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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**		
	No. of sample: **No. of run: single, duplicates, triplicates** **Sample name:**		
Please attach reference method from journal/ articles (if applicable)	**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.: