



**WAZED MIAH SCIENCE RESEARCH CENTRE (WMSRC)
JAHANGIRNAGAR UNIVERSITY
Savar, Dhaka-1342, Bangladesh**

Tel. (PABX) X (880-2) 7791045-51, Ext. 1693 (Office), Fax : 880-2-7791052
E-mail : wmsrc.ju@gmail.com

FT-IR/UV-VIS/ANALYSIS REQUEST FORM

<p>Researcher/Client Information:</p> <p>Name of investigator/ graduate student _____</p> <p>Department/Center _____</p> <p>Mobile No _____</p> <p>Phone No (Off.) / Email address _____</p>	<p>Sample Identification:</p> <p>Sample number(s) _____</p> <p>Total number of samples _____</p> <p>Maximum of samples per request:</p> <p style="padding-left: 40px;">a) For FTIR=5 b) For UV= 5</p> <p>Sample(s) sealed: Yes/ No</p>
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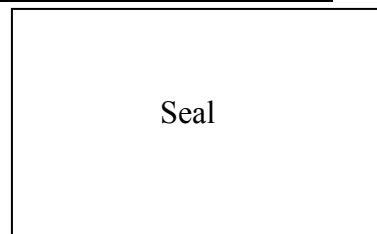
<p><u>FT-IR:</u></p> <p>SPECIFY SPECTRUM RANGE _____</p> <p>SAMPLE PREP: <input type="checkbox"/> KBr <input type="checkbox"/> FILM <input type="checkbox"/> SOLUTION SOLUBLE IN: _____</p> <p>SPECTRAL DISPLAY: <input type="checkbox"/> Abs. vs.cm⁻¹ <input type="checkbox"/> %T vs. cm⁻¹</p> <p>PEAK TABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>UV/VIS:</u></p> <p>SPECIFY SPECTRUM RANGE _____</p> <p>ANALYSIS TYPE: <input type="checkbox"/> PHOTOMETRIC <input type="checkbox"/> SPECTRUM <input type="checkbox"/> KINETICS</p> <p>IN CASE OF PHOTOMETRIC, MENTION λ_{max}: _____</p> <p>SOLVENT: _____</p>

Sample Details:

Brief Description of Sample mentioning source	Stability if Known	Hazards if Known

Name & Signature of Supervisor /Teacher _____

Signature of Chairman with official Seal and date: _____



WMSRC USE ONLY	
Appointment date	
Date Request Received	_____
Officer's Name & Signature with Off. Seal	

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.

Photocopy of this form is acceptable.



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AAS ANALYSIS REQUEST FORM

Researcher/Client Information: Name of investigator/ Graduate student _____ Department/Center _____ Mobile No _____ Phone No (Off.) / Email Address _____	Sample Identification: Sample number(s) _____ Total number of samples _____ Maximum of samples per request: a) Similar investigation : 10 b) Different investigation : 5 Sample(s) sealed: Yes/ No
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Metal for Analysis:

(Use a tick sign (✓) in appropriate box)

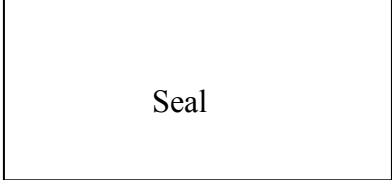
Name of Metal	Detection level
<input type="checkbox"/> As <input type="checkbox"/> Using HVG <input type="checkbox"/> Using GFA	<input type="checkbox"/> ppb
<input type="checkbox"/> Al	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> B	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Ba	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Ca	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Cd	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Co	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Cu	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Cr	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Fe	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Hg <input type="checkbox"/> Using MVU	<input type="checkbox"/> ppb
<input type="checkbox"/> K	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Mg	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Mn	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Na	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Ni	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Sb	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Se	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Si	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Pb	<input type="checkbox"/> ppm <input type="checkbox"/> ppb
<input type="checkbox"/> Zn	<input type="checkbox"/> ppm <input type="checkbox"/> ppb

Sample Details:

Brief Description Sample:		
Approximate Conc. Of Sample	Chemicals Used for Extraction/ Prep ⁿ of Sample	Hazards if Known

Name & Signature of Supervisor /Teacher _____

Signature of Chairman with official Seal and date: _____



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Officer's Name & Signature with Off. Seal	

Important Notes:

- Minimum amount of sample: a) 50 mg for solid b) 100 mL for Flame analysis C) 20 mL for GFAA
- Minimum required metal content 0.1 mg/L for Flame analysis and 0.1 µg/L for GFAA
- All reagents for the analysis of sample should be provided by the corresponding department.

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.



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HPLC ANALYSIS REQUEST FORM

Researcher/Client Information: Name of investigator/ Graduate Student _____ Department/Center _____ Mobile No _____ Phone No (Off.) / Email address _____	Researcher's Sample Identification: Sample Number(s) _____ Total number of samples _____ Maximum of samples per request: a) Similar investigation : 5 b) Different investigation : 2 Sample(s) sealed: Yes/ No
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Type of Sample for Analysis:

(Use a tick sign(√) in appropriate box)

<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Antirheumatics
<input type="checkbox"/> Amines	<input type="checkbox"/> Antitussives
<input type="checkbox"/> Amino acids	<input type="checkbox"/> Antiulcer Compounds
<input type="checkbox"/> Anesthetics	<input type="checkbox"/> Anxiolytics, Sedatives
<input type="checkbox"/> AD/HD Drugs	<input type="checkbox"/> Bronchodilators
<input type="checkbox"/> Antimicrobials	<input type="checkbox"/> Carbohydrates
<input type="checkbox"/> Anticholesterolemics	<input type="checkbox"/> Decongestants
<input type="checkbox"/> Anticoagulants	<input type="checkbox"/> Diuretics
<input type="checkbox"/> Anticonvulsants	<input type="checkbox"/> Drugs of Abuse
<input type="checkbox"/> Antidepressants	<input type="checkbox"/> ED Drugs
<input type="checkbox"/> Antiglaucoma Drugs	<input type="checkbox"/> Fatty Acids
<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Glycols, Diols
<input type="checkbox"/> Antihypertensives	<input type="checkbox"/> Anticholinergics
<input type="checkbox"/> Antimalarials	<input type="checkbox"/> Immunosuppressants
<input type="checkbox"/> Antineoplastics	<input type="checkbox"/> Muscle Relaxants
<input type="checkbox"/> Antiobesity Drugs	<input type="checkbox"/> Mycotoxins
<input type="checkbox"/> Antioxidants	<input type="checkbox"/> Nucleic Acids
<input type="checkbox"/> Hormones	<input type="checkbox"/> Organic Chemicals
<input type="checkbox"/> Antiparkinsonians	<input type="checkbox"/> Anti- inflamamatories
<input type="checkbox"/> Antipsychotics	<input type="checkbox"/> Pesticides & Herbicides
<input type="checkbox"/> Antiretrovirals	<input type="checkbox"/> Phenoles
<input type="checkbox"/> Preservatives	<input type="checkbox"/> Semivolatiles
<input type="checkbox"/> Proteins	<input type="checkbox"/> Steroids
<input type="checkbox"/> Surfactants	<input type="checkbox"/> Vitamins

Mention Type of Column: Reverse phase

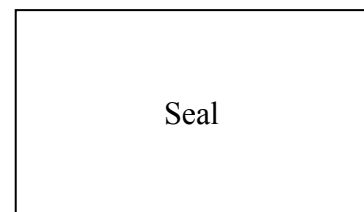
Other Column (to be provided by the department) _____

If Reverse Phase Mention Column Length: 150mm 250mm Other _____

Mention Detector: UV (with dual wavelength) Others _____

Pump Mode: Isocratic Binary Others _____

Name & Signature of Supervisor /Teacher _____



Signature of Chairman with official seal and date: _____

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Appointment date	
Date Request Received	_____
Officer's Name & Signature with Off. Seal	

Important Notes:

1. All reagents with standards for the analysis of sample should be provided by the department.

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.