



WAZED MIAH SCIENCE RESEARCH CENTRE (WMSRC)

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SAMPLE ANALYSIS REQUEST FORM (Common)

Please tick the relevant boxes and specify necessary parameters in method description:

Date: / /

✓	List of Instruments/Service	Sample Identification & Analysis Parameter
	X-Ray Diffraction: Single Crystal/Powder (Specify: Method)	Total No. of Sample(s):
	Atomic Absorption Spectroscopy: Flame/Furnace (Specify: Metal Name & Digestion Process)	Sample Name:
	HPLC/GC (Specify: Mobile Phase, Column, Condition, Preparation etc.)	Method Description/Analysis Parameter: (Specify Spectral Range/ Instrument Operational Mode/ Column & Mobile Phase/ Lens Information/ Solvent/ Temperature/ Time/ Amount etc.) For any query contact WMSRC Office.
	Stop Flow Spectrometer	
	a. IR: KBr/Solvent (Specify: Range) b. ATR	Solvent:
	UV-Vis/Fluorescence (Specify: Solvent/Medium & Range)	Spectral Range:
	Cyclic Voltametry (Specify: Electrode, Current, Voltage and Solvent)	
	Elemental Analyzer: C/H/N/S	Structure (for XRD)/Others*:
	Microscope: Polarizing/Stereo/Advanced (Specify: Lances)	
	Real Time PCR	Sample Source (Laboratory/Manufacturer/Vendor Name)**:
	Protein Purification System	
	Water Assessment: BOD/COD/TOC/DO	
	Microwave Digestion/Freeze Dryer (Specify: Time & Temperature)	
	Photochemical Reactor	
	Nano-Pure Water/Flake Ice (Specify: Amount)	
	Oven/Muffle Furnace (Specify: Time & Temperature)	
	Deep Freezer (-20°C)/ Ultralow Temperature (-80°C)	
	Ultrasonic Bath/Water Bath/Shaking Incubator/Ultracentrifuge	
	Fume Hood/ Reaction System/Others (Specify: Reaction Conditions)	
		Hazard and Risk Information (if known):

Researcher Information

Name of Researcher/Student/Investigator:	Signature:
University/Institution:	Department:
Degree Program/Purpose:	Session/Batch/Designation: Roll No.:
Mobile Phone No.:	E-mail:
Name of Supervisor:	
Signature of Supervisor with Date [†]	Signature of the Chairman (With Official Seal and Date) ^{††}

(WMSRC Office Use Only)

Request No.:	Payment Amount (tk):	Ref. No.:
Received Date:	Probable Delivery Date:	
Sample Received by	Analyzed By	Report Delivery to Researcher
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Scientist's Copy

Name and Address of Investigator:		
Request No.:	Payment Amount (tk):	Ref. No.:
Received Date:	Delivery Date:	
Analyzed by	Comment (if any):	
Name:		
Signature:		
Date:		
		WMSRC Official Seal

Note: *a) Opposite/Additional page can be used if necessary for method description or drawing structures.
 **b) Correctly mention laboratory/researcher name directly involved in synthesis/preparation. In case of commercial sample give Manufacturer/Vendor information.
 †c) Mandatory for thesis/research project students.
 ††d) Divisional Head/Chairman's authorization or WMSRC Director's approval is mandatory, otherwise request will be declined.