

**Atomic Absorption Spectrometer - AAS (Perkin Elmer model - Pinnacle 900F)**

Sample(s) submitted by : ..... Date of submission : .....  
Institution : ..... Faculty : ..... Dept. : .....  
Tel. contact (mobile / extn no.) : ..... Email : .....  
Address : .....  
Sample Identification / Description : .....  
No. of sample(s) : ..... Project no. / Course no : .....

1. I agree to acknowledge **Research Sector Projects Unit, Project - GS 02/01**, in my Annual Reports, Final Reports, Graduate Student's thesis and any generated scientific publications. I also confirm that these analyses are consistent with the objectives of my on-going research projects / research.
2. I agree to pay standard charges for analysis for Non-Research Administration funded projects/outside samples.
3. I agree to forward, to the Vice Dean Research (VDR), copies of output/scientific publication, resulting from the usage of the referenced instrument.

Name of P.I / Supervisor : ..... Signature and Stamp of P.I : .....

Sample container : <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Others (specify) :								
Sample type : <input type="checkbox"/> Soil <input type="checkbox"/> Sediments <input type="checkbox"/> Water <input type="checkbox"/> Plant parts <input type="checkbox"/> Polymer <input type="checkbox"/> Biological material								
Sample form : <input type="checkbox"/> Solid <input type="checkbox"/> Liquid Organic content in sample: <input type="checkbox"/> Yes <input type="checkbox"/> No Solvent :								
Sample hazard : <input type="checkbox"/> Toxic <input type="checkbox"/> Explosive <input type="checkbox"/> Corrosive <input type="checkbox"/> Radioactive <input type="checkbox"/> Flammable <input type="checkbox"/> Non-Hazardous								
Specify acid(s) in your sample matrix (if any) :								
Elements to be determined								
Expected (max.) conc. in ppm								

Special instructions : .....  
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**ENDORSEMENTS BY HEAD OF DEPARTMENT(S)**

..... Principal Investigator (VDR) / (RSPU Director)	..... Co-Investigator (Head of respective department)	..... Head of the requesting institution for non- Faculty of Science
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**FOR LAB USE ONLY**

Sample(s) received by : ..... Sample(s) receipt date : ..... Technician : .....  
Notes : .....

\* Please collect your samples within one week after collecting the results

\* For more information about RSPU facility: <http://histonano.com/rspu/>