

**Microwave Plasma-AES (Agilent model – 4100 MP-AES)**

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**, Microwave Plasma-AES (Agilent model – 4100 MP-AES) 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 : .....  
.....

**ENDORSEMENTS BY HEAD OF DEPARTMENT(S)**

|  |   |  |
|--|---|--|
| .....<br>Principal Investigator<br>(VDR) / (RSPU Director) | .....<br>Co-Investigator<br>(Head of respective department) | .....<br>Head of the requesting institution<br>for non- Faculty of Science |
|--|---|--|

**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>