

UV-Vis NIR Agilent CARY 5000

Name..... Date of sample submission.....
Institution..... Faculty..... Dept.....
Address.....
Telephone / Mobile No..... Fax No..... Email.....
Sample identification No.....
No. of Samples Project No. / Course No.....

1. I agree to acknowledge **Research Sector Projects Unit (GS 02/01)** in Annual Reports, Final Reports, Graduate student's thesis and generated publications. I also confirm that these analyses are consistent with the objectives of my on-going research projects / research. I agree to pay standard charges for analysis done for Non-RA funded projects/samples from outside.

2. I agree to forward to the VDR-Science, any papers which may be published due to the usage of the instrument.

Sample Hazard : ☐ Toxic ☐ Explosive ☐ Radioactive ☐ Flammable ☐ Non-Hazardous

P.I / Supervisor..... Signature of P .I.....

Solvent		Absorbance range	
Reference		Quantization (Y/N)	
Cell Path length		Standards	
Cell Temperature		pH	
Wavelength rangenm	Concentration	

Special instructions, if any

.....

.....

ENDORSEMENTS

..... Principal Investigator (VDR) Co. Investigator (Head of respective Department) Head of the requesting institutions for non-Faculty of Science.
---------------------------------------	---	---

FOR LAB USES ONLY

Date: Sample Received..... Analysed.....
Technician.....
Remarks.....

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

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