



Centralized Resource Laboratory University of Peshawar

(ANALYSIS REQUISITION FORM)

1. Student's Name: _____
2. Program/Project: BS. M.Sc. M.Phil PhD Project Pvt User
3. Dept./University/Firm: _____
4. Phone/Cell: _____ E-mail: _____
5. Date of submission of sample(s): _____ Number of Sample(s):
6. Sample(s) Description: _____

7. **Analysis sought:**

TEM <input type="checkbox"/>	EDX (TEM) <input type="checkbox"/>	SEM <input type="checkbox"/>	EDX (SEM) <input type="checkbox"/>	XRD <input type="checkbox"/>
GC <input type="checkbox"/>	GCMS <input type="checkbox"/>	HPLC <input type="checkbox"/>	P-HPLC <input type="checkbox"/>	XRF <input type="checkbox"/>
AAS <input type="checkbox"/>	Sample Preparation AAS <input type="checkbox"/>	Elements AAS _____		
FPM ^a <input type="checkbox"/>	Sample Preparation FPM <input type="checkbox"/>	Elements FPM Na <input type="checkbox"/> K <input type="checkbox"/> Li <input type="checkbox"/> Ca <input type="checkbox"/> Ba <input type="checkbox"/>		
STA ^b <input type="checkbox"/>	Temp. range _____	Heating Rate _____		
UTM <input type="checkbox"/>	Zetasizer <input type="checkbox"/>	Zeta Potential <input type="checkbox"/>	B. Calorimeter ^c <input type="checkbox"/>	LOI <input type="checkbox"/>
UV-NIR <input type="checkbox"/>	UV-Vis. <input type="checkbox"/>	UV-Vis-DRS <input type="checkbox"/>	Fluorimetry ^d <input type="checkbox"/>	FT-IR <input type="checkbox"/>
Coating <input type="checkbox"/>	Microtomy <input type="checkbox"/>	Deionized H ₂ O <input type="checkbox"/>	LN ₂ <input type="checkbox"/>	Viscometry <input type="checkbox"/>
Centrifugation <input type="checkbox"/>	SAA <input type="checkbox"/>	Sample grinding <input type="checkbox"/>		

^a Flame Photometer ^b STA includes TGA, DTA & DSC ^c Bomb Calorimetry ^d Fluorescent Spectrometry

8. Miscellaneous: _____
9. Conditions/Instructions: _____

Centralized Resource Laboratory (CRL), University of Peshawar will not be responsible to hold the samples after one month of the completion of analysis.

Signature of the Applicant _____

Recommendation by the Supervisor/Head of the DEPARTMENT /CENTRE /INSTITUTE

Supervisor's Name _____ Signature _____ Office seal _____

Charges will be paid by: User HEC PCSIR Department Project

Head/Chairman/Chairperson/Director Signature _____ Stamp: _____

Date: ____/____/____

Note: In the case of students/research scholars/faculty members, the samples will not be accepted if there are no signatures & stamps of the applicant, supervisor and HOD.

For office use only (CRL)

CRL #: _____

Dated: ____/____/____

Sign. _____

Director CRL