



WAZED MIAH SCIENCE RESEARCH CENTRE (WMSRC)

JAHANGIRNAGAR UNIVERSITY

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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)		Structure (for XRD)/Others*:
	Elemental Analyzer: C/H/N/S		
	Microscope: Polarizing/Stereo/Advanced (Specify: Lances)		
	Real Time PCR		
	Protein Purification System		
	Water Assessment: BOD/COD/TOC/DO		
	Microwave Digestion/Freeze Dryer (Specify: Time & Temperature)		Sample Source (Laboratory/Manufacturer/Vendor Name)**:
	Photochemical Reactor		
	Nano-Pure Water/Flake Ice (Specify: Amount)		
	Oven/Muffle Furnace (Specify: Time & Temperature)		
	Deep Freezer (-20°C)/ Ultralow Temperature (-80°C)		Hazard and Risk Information (if known):
	Ultrasonic Bath/Water Bath/Shaking Incubator/Ultracentrifuge		
	Fume Hood/ Reaction System/Others (Specify: Reaction Conditions)		

Researcher Information

Name of Researcher/Student/Investigator:		Signature:	
University/Institution:		Department:	
Degree Program/Purpose:		Session/Batch/Designation:	Roll No.:
Mobile Phone No.:		E-mail:	
***I declare that I will acknowledge the services of Wazed Miah Science Research Centre in the thesis and all published scientific articles.			
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:	

Researcher's Copy

Serial No.:	Name:
Department:	Payment Amount:
Submission Date:	Delivery Date:
Officer's Signature with 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 students/research project.
 †d) Divisional Head/Chairman's authorization or WMSRC Director's approval is mandatory, otherwise request will be declined.