

CENTRAL HI-TECH LAB (CHL)

Government College University, Faisalabad (GCUF)



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Allama Iqbal Road
38000-Faisalabad, Pakistan

SAMPLE SUBMISSION FORM FOR ATOMIC ABSORPTION SPECTROPHOTOMETER

Name (Researcher / Faculty Member / Contact Person): _____

Department and University / Organization: _____

Contact Details: Ph # _____ Cell # _____ Email: _____

Analysis Charges Paid: Yes / No (If No, the sample will not be processed)

If, Yes: Challan # _____ Date: _____ Amount Paid: _____

Bank, Branch and Address (from where the payment has been made): _____

(Note: One copy of original receipt must be attached with the sample submission form for CHL internal record)

Sr. No.	Must Be Filled While Submitting the Sample(s)				For CHL Use Only			
	Reference/ Sample Name / ID	Condition and volume of samples	Results required of following Elements	Remarks	Sample ID	Analysis Date	Analyst Name	Remarks
1			Cu <input type="checkbox"/> , Ni <input type="checkbox"/> Co <input type="checkbox"/> , Cd <input type="checkbox"/> Fe <input type="checkbox"/> , Zn <input type="checkbox"/> , Na <input type="checkbox"/> , K <input type="checkbox"/> Ca <input type="checkbox"/> , Mg <input type="checkbox"/>					
2			Cu <input type="checkbox"/> , Ni <input type="checkbox"/> Co <input type="checkbox"/> , Cd <input type="checkbox"/> Fe <input type="checkbox"/> , Zn <input type="checkbox"/> , Na <input type="checkbox"/> , K <input type="checkbox"/> Ca <input type="checkbox"/> , Mg <input type="checkbox"/>					
3			Cu <input type="checkbox"/> , Ni <input type="checkbox"/> Co <input type="checkbox"/> , Cd <input type="checkbox"/> Fe <input type="checkbox"/> , Zn <input type="checkbox"/> , Na <input type="checkbox"/> , K <input type="checkbox"/> Ca <input type="checkbox"/> , Mg <input type="checkbox"/>					
4			Cu <input type="checkbox"/> , Ni <input type="checkbox"/> Co <input type="checkbox"/> , Cd <input type="checkbox"/> Fe <input type="checkbox"/> , Zn <input type="checkbox"/> , Na <input type="checkbox"/> , K <input type="checkbox"/> Ca <input type="checkbox"/> , Mg <input type="checkbox"/>					
5			Cu <input type="checkbox"/> , Ni <input type="checkbox"/> Co <input type="checkbox"/> , Cd <input type="checkbox"/> Fe <input type="checkbox"/> , Zn <input type="checkbox"/> , Na <input type="checkbox"/> , K <input type="checkbox"/> Ca <input type="checkbox"/> , Mg <input type="checkbox"/>					

(Note: The reference / standards will also be considered as a run and should be provided along the samples. One sample submission form will be used for one type of mobile phase. For samples data collection, provide a writeable CD/DVD. For additional samples use extra sample form)

Any Additional Information / Comments: _____ Date: _____

Signature of Supervisor with Stamp: _____ Chairperson: _____
(If GCUF Student or Faculty Member)

For CHL Internal Use Only:

Payment Verified: Yes / No _____ Sample Processed: Yes / No _____ Date: _____

Comments / Remarks (If any): _____

Signature Analyst CHL: _____ Signature Director CHL: _____

Payment Information:

Analysis Rates (Rs / Element/Sample): Academia GCUF: Rs 50/-; Academia other than GCUF: Rs 100/-; Industry: Rs 200/-

Account #: 4137669162

Account Title: Central Hi-Tech Lab, GCUF Bank: National Bank of Pakistan