

# CENTRAL HI-TECH LAB (CHL)

Government College University, Faisalabad (GCUF)



Ground Floor, Iqbal Block, New Campus

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Allama Iqbal Road  
38000-Faisalabad, Pakistan

## SAMPLE SUBMISSION FORM FOR XRD (POWDER) CHARACTERIZATION (D8 Advance, Bruker)

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			
	Sample Name / ID	Quantity (Minimum 50 mg)	Physical State (Solid)	Proposed Structure / Chemical Identity	Remarks	Sample ID	Date of Analysis	Analyst Name	Remarks
1									
2									
3									
4									
5									

(Note: For samples data collection, provide a writeable CD/DVD. For additional samples use extra sample submission 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 / Sample): Academia GCUF: Rs 1,000/- ; Academia other than GCUF: Rs 3,000/- ; Industry: Rs 5,000/-

Account #: 4137669162

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