**CENTRAL HI-TECH LAB (CHL)**

# Government College University, Faisalabad (GCUF)

Ground Floor, Iqbal Block, New Campus



Ph: +92-41-9203013 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)

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*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