FT-IR/UV-VIS/ANALYSIS REQUEST FORM

**Researcher/Client Information:**
Name of investigator/graduate student ______________________________
Department/Center _______________________________
Mobile No ______________________________________
Phone No (Off.) / Email address __________________________

**Sample Identification:**
Sample number(s) ______________________
Total number of samples _____________________
Maximum of samples per request:
a) For FTIR= 5 
b) For UV= 5
Sample(s) sealed: Yes/ No

**FT-IR:**
SPECIFY SPECTRUM RANGE ___________
SAMPLE PREP: □ KBr □ FILM □ SOLUTION SOLUBLE IN: ___________
SPECTRAL DISPLAY: □ Abs. vs.cm\(^{-1}\) □ %T vs. cm\(^{-1}\)
PEAK TABLE: □ YES □ NO

**UV/VIS:**
SPECIFY SPECTRUM RANGE ___________
ANALYSIS TYPE: □ PHOTOMETRIC □ SPECTRUM □ KINETICS
IN CASE OF PHOTOMETRIC, MENTION \(\lambda_{\text{max}}\): ___________
SOLVENT: ___________

**Sample Details:**

<table>
<thead>
<tr>
<th>Brief Description of Sample mentioning source</th>
<th>Stability if Known</th>
<th>Hazards if Known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Name & Signature of Supervisor /Teacher ______________________________

Signature of Chairman with official Seal and date: __________________________

<table>
<thead>
<tr>
<th>WMSRC USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment date</td>
</tr>
<tr>
<td>Date Request Received ____________________________</td>
</tr>
<tr>
<td>Officer’s Name &amp; Signature with Off. Seal</td>
</tr>
</tbody>
</table>

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.
AAS ANALYSIS REQUEST FORM

Researcher/Client Information:
Name of investigator/ Graduate student ________________________________
Department/Center ________________________________
Mobile No ______________________________________
Phone No (Off.) / Email Address ____________________

Sample Identification:
Sample number(s) ______________________
Total number of samples_____________________
Maximum of samples per request:
  a) Similar investigation : 10
  b) Different investigation : 5
Sample(s) sealed: Yes/ No

Metal for Analysis:
(Use a tick sign (✓) in appropriate box)

<table>
<thead>
<tr>
<th>Name of Metal</th>
<th>Detection level</th>
</tr>
</thead>
<tbody>
<tr>
<td>As</td>
<td>ppb</td>
</tr>
<tr>
<td>A1</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>B</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Ca</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Cd</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Co</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Cu</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Cr</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Fe</td>
<td>ppm  ppb</td>
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<tr>
<td>Hg</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>K</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Mg</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Mn</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Na</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Ni</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Sb</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Se</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Si</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Pb</td>
<td>ppm  ppb</td>
</tr>
<tr>
<td>Zn</td>
<td>ppm  ppb</td>
</tr>
</tbody>
</table>

Sample Details:
Brief Description Sample: ________________________________
Approximate Conc. Of Sample ________________________________
Chemicals Used for Extraction/ Prep” of Sample ________________________________
Hazards if Known ________________________________
Name & Signature of Supervisor /Teacher ________________________________
Signature of Chairman with official Seal and date: ________________________________

WMSRC USE ONLY
Appointment date ________________________________
Date Request Received ________________________________
Officer’s Name & Signature with Off. Seal ________________________________

Important Notes:
1. Minimum amount of sample: a) 50 mg for solid b) 100 mL for Flame analysis C) 20 mL for GFAA
2. Minimum required metal content 0.1 mg/L for Flame analysis and 0.1 µg/L for GFAA
3. All reagents for the analysis of sample should be provided by the corresponding department.

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.

Photocopy of this form is acceptable.
<table>
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<tr>
<th>Researcher/Client Information:</th>
<th>Researcher’s Sample Identification:</th>
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</thead>
<tbody>
<tr>
<td>Name of investigator/Graduate Student</td>
<td>Sample Number(s) ____________________</td>
</tr>
<tr>
<td>Department/Center</td>
<td>Total number of samples ______________</td>
</tr>
<tr>
<td>Mobile No</td>
<td>Maximum of samples per request:</td>
</tr>
<tr>
<td>Phone No (Off.) / Email address</td>
<td>a) Similar investigation: 5</td>
</tr>
<tr>
<td></td>
<td>b) Different investigation: 2</td>
</tr>
<tr>
<td></td>
<td>Sample(s) sealed: Yes/No</td>
</tr>
</tbody>
</table>

**Type of Sample for Analysis:**

(Use a tick sign (√) in appropriate box)

- □ Antibiotics
- □ Antirheumatics
- □ Amines
- □ Antitussives
- □ Amino acids
- □ Antilulcer Compounds
- □ Anesthetics
- □ Anxiolytics, Sedatives
- □ AD/HD Drugs
- □ Bronchodilators
- □ Antimicrobials
- □ Carbohydrates
- □ Anticholesterolemics
- □ Decongestants
- □ Anticoagulants
- □ Diuretics
- □ Anticonvulsants
- □ Drugs of Abuse
- □ Antidepressants
- □ ED Drugs
- □ Antiglaucoma Drugs
- □ Fatty Acids
- □ Antihistamines
- □ Glycols, Diols
- □ Antihypertensives
- □ Anticholinergics
- □ Antimalarials
- □ Immunosuppressants
- □ Antineoplastics
- □ Muscle Relaxants
- □ Antiobesity Drugs
- □ Mycotoxins
- □ Antioxidants
- □ Nucleic Acids
- □ Hormones
- □ Organic Chemicals
- □ Antiparkinsonians
- □ Anti- inflammatories
- □ Antipsychotics
- □ Pesticides & Herbicides
- □ Antiretrovirals
- □ Phenoles
- □ Preservatives
- □ Semivolatiles
- □ Proteins
- □ Steroids
- □ Surfactants
- □ Vitamins

**Mention Type of Column:**

- □ Reverse phase
- □ Other Column (to be provided by the department) ______________

**If Reverse Phase Mention Column Length:**

150mm  250mm  Other ______________

**Mention Detector:**

- □ UV (with dual wavelength)
- □ Others ______________

**Pump Mode:**

- □ Isocratic
- □ Binary
- □ Others ______________

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**Name & Signature of Supervisor /Teacher** ____________________________

**Signature of Chairman with official seal and date:** ____________________________

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**WMSRC USE ONLY**

**Appointment date** ____________________________

**Date Request Received** ____________________________

**Officer’s Name & Signature with Off. Seal** ____________________________

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**Important Notes:**

1. All reagents with standards for the analysis of sample should be provided by the department.

**NOTE:** Samples are disposed of 1 months after receipt if not fully consumed by the analysis.