

# WAZED MIAH SCIENCE RESEARCH CENTRE (WMSRC)

JAHANGIRNAGAR UNIVERSITY

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## SAMPLE ANALYSIS REQUEST FORM (Common)

$\checkmark$	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	
	Stop Flow Spectrometer	Information/ Solvent/ Temperature/ Time/ Amount etc.) For any query conto WMSRC Office.	
	a. IR: KBr/Solvent (Specify: Range) b. ATR	Solvent:	
	UV-Vis/Fluorescence (Specify: Solvent/Medium & Range)		
	Cyclic Voltametry (Specify: Electrode, Current, Voltage and Solvent)	Spectral Range:	
	Elemental Analyzer: C/H/N/S		
	Microscope: Polarizing/Stereo/Advanced (Specify: Lances)	Structure (for XRD)/Others*:	
	RT-PCR/ELISA reader/Gel documentation/Electrophoresis System		
	Protein Purification System		
	Water Assessment: BOD/COD/TOC/DO		
	Microwave Digestion/Freeze Dryer (Specify: Time & Temperature)		
	Photochemical Reactor	Sample Source (Laboratory/Manufacturer/Vendor Name)**:	
	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	]	
	Computational Analysis/ Others (Specify: Time / 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 ack	nowledge the services of Wazed Miah Se	cience Research Centre in the thesis an	d all published	
scientific articles.				
Name of Supervisor:				
Signature	e of Supervisor with Date***	Signature of the Chairma	$\mathbf{I}$ (With Official Seal and Date) <sup>†</sup>	
	(WMSRC Offic	e Use Only)		
Request No.:	Payment Amount (tk):		Ref. No.:	

#### Received Date: Probable Delivery Date: Report Delivery to Researcher Sample Received by Analyzed By Name: Name: Name: Signature: Signature: Signature: Date: Date: Date:

# **Researcher's Copy**

Serial No.:
Department:
Submission Date:

Name:
Payment Amount:
Delivery Date:

. . . . . . . . .

Officer's Signature with Official Seal:	
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Note:

 <sup>\*</sup>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) Mandary for thesis students/research project.
\*d) Divisional Head/Chairman's authorization or WMSRC Director's approval is mandatory, otherwise request will be declined.