

IN H A R T L A B O R A T O R Y	Ref. No.	IH-OPE-F07F	
	Revision No.	2	
	Effective Date	07/01/2025	
	Page	1 of 1	
Booking No : IH-LB F-			
Applicant Information			
Supervisor Name: Student Name: Staff/Matric No: Study level/ Position: Contact No: Dept./Company/Institute: Email address:			
Booking Information			
	Booking Date (to be determined by Officer)		
	From	To	
Date			
Time			
Information on Equipment (fill in any identification number i.e. serial number etc.)			
1			

Method of Work/ Parameters	Description of Samples		
<ul style="list-style-type: none"> ● Temperature (30-80°C): ● Co-solvent (10-40 %) : ● Co-solvent flow rate (g/min or %): *total flow rate is 20 g/min ● Pressure (100-350mbar): <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>	<p>No. of sample:</p> <p>No. of run: single, duplicates, triplicates</p> <p>Sample/s name:</p> <p><i>*Sample/s must be ready to run</i></p> <p><i>*Co-solvent and tubes for extract collection should be provided by customer</i></p>		
	Status: Please circle relevant column	Sample received	Sample NOT received
<p>Notes:</p> <p><i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i></p> <p><i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i></p> <p>I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.</p> <p>Requested by : Name : Date : Signature</p> <p>Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:</p>			
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name : Signature : Stamp :		Name : Signature & stamp : Date :	
Sample run by:			

Account Deduction (/)	YES		NO	
	S			