

IN H A R T L A B O R A T O R Y	Ref. No.: IH-OPE-F07F
Rev. No.: 2	.
Lab or at or y Bo ok in g Fo rm (S FE)	Effective Date: 07/01/2025
Booking No.: IH-LB-F-	Page: 1 of 1
Applicant Information	
Supervisor Name:	
Student Name:	
Study level/ Position:	
Dept./Company/Institute:	
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: No. of run: single, duplicates, triplicates Sample/s name:</p> <p>*Sample/s must be ready to run *Co-solvent and tubes for extract collection should be provided by customer</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>			
Requested by : Name : Date : Signature	Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:		
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 (/)	YE S		NO	
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