



FT-IR ANALYSIS REQUEST FORM

CLIENT'S INFORMATION

Name: **Category:** Internal External
Institution Name: **Phone Number:**
E-mail Address: **Date:**
 Status (BSc. /MSc. /PhD / Researcher):

SAMPLES DETAILS

Name of Sample(s):					
Number of samples:					
Name and percentage of solvent used:					
Sensitivity of sample	<input type="checkbox"/> Air	<input type="checkbox"/> Moisture	<input type="checkbox"/> Neither		
Sample properties:	<input type="checkbox"/> Toxic	<input type="checkbox"/> Carcinogenic	<input type="checkbox"/> Normal	<input type="checkbox"/> Infectious	<input type="checkbox"/> Crude
Sample type:	<input type="checkbox"/> Powder	<input type="checkbox"/> Liquid	<input type="checkbox"/> Film	Others:	
Decision on samples after analysis (NB: Samples not collected after 4 weeks will be discarded)	<input type="checkbox"/> Retain for collection		<input type="checkbox"/> Dispose		
For specific software (s) for samples analysis, kindly indicate					

ANALYSIS INFORMATION

Mode of Analysis: KBr ATR

PAYMENT INFORMATION (Note: If repeat of analyses are required due to incorrect/insufficient information, additional charges may apply.)

Mode of Payment: Bank deposit Online transfer
Amount paid in figure: ₦
Amount paid in words:

Signature: _____ **Date:** _____

OFFICIAL USE ONLY

 Samples received (Name, Signature & Date):
 Payment acknowledged (Name, Signature & Date):
 Samples analyzed by (Name, Signature & Date):
 Result(s) validated by (Name, Signature & Date):
 Result(s) sent by (Name, Signature & Date):

For enquiries, you may contact us via email
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