**Central Research Laboratory (Unit-I)**

**Service of Analysis:** Particle Size Analyzer Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: ---------------------------------------- Student ID: ----------------------------------Department / Organization: ----------------------------------------------------------------------------**

**Email: -------------------------------------------------- Cell Number: -------------------------------**

**Supervisor’s Name: ---------------------------------- Designation: --------------------------------**

**Email: -------------------------------------------------- Cell Number:--------------------------------**

|  |  |
| --- | --- |
| Sample Name/ID:  |  |
| Sample Source:  |  |
| Analysis Type (Choose One): | ☐ Dry Sample Analysis☐ Wet Sample Analysis |
| Sample Quantity Provided: | For Dry Samples: \_\_\_\_\_\_\_\_ gFor Wet Samples: \_\_\_\_\_\_\_\_ mL |
| Sample Description: | Appearance (e.g., powder, granules, suspension): \_\_\_\_\_\_\_\_\_Color: \_\_\_\_\_\_\_\_\_ Other properties: \_\_\_\_\_\_\_\_ |
| Expected Particle Size Range (if known): | ☐ <1 µm; ☐ 1-10 µm; ☐ 10-100 µm☐ 100-1000 µm; ☐ Other: \_\_\_\_\_\_\_\_\_\_\_ |
| Sample Requirements (Dry Sample) | **Required Sample Preparation:**☐ No preparation required; ☐ Grinding needed; ☐ Sieving required; ☐ Other: **Sample Condition:**☐ Free from moisture; ☐ Free-flowing powder; Other: \_\_\_\_\_\_\_ |
| Sample Requirements (Wet Sample) | **Required Sample Preparation:**☐ Dilution required ☐ Sonication required ☐ Other: \_\_\_\_\_\_\_**Dispersant Used (if applicable):** Solvent Used (if applicable): Viscosity: \_\_\_\_\_\_\_\_\_ Pa·s |

**Signature & Stamp of Supervisor: -------------------------------------------------------------------**

* Make sure that the sample is not explosive, radioactive, or bio-hazardous.
* The sample must be free from any impurities which can destroy or damage the column.
* Please attach the original analysis fee proof (Bank challan or a Pay order / DD in favor of Treasurer, University of Sargodha).

**----------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY**

**Sample Receiving Date: ------------------------------------- Diary Number: SU/CRL/\_\_\_\_\_\_\_**

**Analysis Performed By: ------------------------------------- Total Amount Received: Rs \_\_\_\_\_**

**Mode of Payment:** Bank Challan Pay Order DD

**Bank Challan / Pay Order / DD Number** (Date)**: -------------------------** ( / / )

**Expert**