UNIVERSITY OF SARGODHA
PATHWAY TO PROGRESS

Central Research Laboratory (Unit-I)

Service of Analysis: Texture 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 / Test Type (Choose One):	■ Texture Profile Analysis (TPA) ■ Compression Test ■ Puncture Test ■ Cutting / Shear Test ■ Other: _____
Sample Quantity Provided:	Approx. Quantity: _____ g / mL Number of Samples: _____
Sample Description:	Physical form: _____ Color: _____ Other properties: _____
Sample Condition:	■ Fresh ■ Frozen ■ Dried ■ Room Temperature ■ Refrigerated Storage / conditioning details: _____
Sample Preparation (if required):	■ No preparation required ■ Cutting / shaping ■ Grinding ■ Temperature conditioning ■ Other: _____
Test Conditions / Parameters:	Test Temperature: _____ °C Probe / Fixture: _____ Test Speed: _____ mm/s Compression / Penetration: _____ mm Number of Replicates: _____ Other: _____
Parameters Required (if applicable):	■ Hardness ■ Adhesiveness ■ Cohesiveness ■ Springiness ■ Gumminess ■ Chewiness ■ Fracturability ■ Other: _____

Additional Instructions / Special Requirements: _____

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

- Make sure that the sample is not explosive, radioactive, or bio-hazardous.
- The sample must be suitable for texture analysis and must not contain materials that can damage the probe, fixture, or instrument.
- 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