



UNIVERSITY OF SARGODHA
PATHWAY TO PROGRESS

Central Research Laboratory (Unit-II)

Service of Analysis: UV-Vis Spectrophotometer

Date: _____

Student's Name: _____ Student ID: _____

Department / Organization: _____

Email: _____ Cell Number: _____

Supervisor's Name: _____ Designation: _____

Email: _____ Cell Number: _____

Analysis Required (Code) (Qualitative / Quantitative)	
Number of Samples	
Sample code(s)	
Sample Description Nature of sample*, chemical composition (if possible)	
Wavelength range (Qualitative analysis)	
Absorption Maxima (Quantitative Analysis)	
Solvent for Sample Preparation	

*Natural product / synthetic /dyes / complex

Signature & Stamp of Supervisor: _____

- Make sure that the sample is not a strong acid/base or material that reacts with quartz cuvettes.
- Sample solution must not contain any suspensions (a clear solution is required).
- 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