



SCHOOL OF CHEMICAL AND MATERIAL ENGINEERING
NUST, Sector H-12, Islamabad PAKISTAN
NANO SYNTHESIS LAB

TESTING REQUEST FORM

Faculty

Students (BS / MS / Ph.D)

External

Name: _____ Registration #: _____

Dept. / Organization: _____ Contact #: _____

Email Address: _____

Project Title: _____

Project Supervisor Name: _____ Date: _____

Equipment to be Used:	Sample Description		Testing Specifications
	No. of Samples	Sample Specification	
UV Vis Spectroscopy			
Raman Spectroscopy			
Contact Angle Goniometer			
Probe Sonicator			
Vacuum Oven			
Centrifuge			
Bath Sonicator			
Hot Plate			
Electrochemical Workstation (Biologic)			

For Official Use Only:

Session Booking Date:		Booking Time:	
Comments (if any)			

PROJECT SUPERVISOR*: _____
Signature and Stamp

HoD (Concerned Deptt.): _____
Initiating school / center if applicable

HoD (Materials Engg) **: : _____
Signature

Equpt/LabIN-CHARGE: _____
Signature

Analyst/Operator: _____
Signature

*Student's supervisor must address all safety aspects to student, related to work request.

**Student/ Individual, other than SCME, must come through proper channel.