



SCHOOL OF CHEMICAL AND MATERIAL ENGINEERING
NUST, Sector H-12, Islamabad PAKISTAN
ME 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	
Freeze Dryer			
Thermostat Incubator / Mechanical Shaker			
Drying Oven / Heating Oven			
Centrifuge Machine-12x15ml			
Centrifuge Machine-8x50ml			
Viscometer- NDJ 5S			
Hot Plates-Velp/MGS			
Weighing Balance			
Sonication Bath			
Fume Hood-AM 14			
Biology Safety Cabin / Fumehood RSH-204			

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

Eqpt IN-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.