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	
Potentiostat (Parstat 3000A)			
Solar Simulator (SF 150)			
Drying / Heating Oven (UN55)			
Furnace (CSF 1200)			
Centrifuge Machine-8x50ml			
Viscometer- NDJ 5S			
Hot Plates-Velp			
Weighing Balance			
Sonication Bath (Powertech 603)			
Fume Hood-AM 14			
Biology Safety Cabin / Fumehood RSH-204			

For Official Use Only:

Session Booking Date: _____	Booking Time: _____
Comments (if any):	
STUDENT'S SUPERVISOR *: _____	Lab Technician/Operator
Signature and Stamp Initiating school / center if applicable	Signature
LAB IN-CHARGE: _____ Signature	HoD ME Department: _____ 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.