

LABORATORY FORM Makmal ALIR	FORM No.: F003
	Revision No.: 3
	Issue No.: 1
F003: SAMPLE REGISTRATION	Date of Issued: 2 nd May 2018
	Approved By: Laboratory Manager

SAMPLE REGISTRATION FORM

A. Client Information

Name : _____
 Matrix Number : _____
 Address : _____

 Phone No. : _____ Fax No. : _____
 E-mail : _____
 Method of Payment: Cash / Cheque / Research Grant

B. Sample Information

Date : _____
 Sampling Location/Description : _____
 No. of Samples : _____
 Type of Water : fresh water / waste water / sea water / brackish water / POME

C. Analysis Information

NO.	DESCRIPTION	PARAMETER REQUESTED	QUANTITY

I hereby certified that the above mentioned sample(s) is (are) in good conditions during delivery and approved to all requested tests.

Client`s Signature

Recipient`s Signature

 Name :
 Date :
 Time :

 Name :
 Date :
 Time :

D. Application Status and Approval

Certified by Director / Head of Department / Head of Project / Supervisor

I _____ agree to pay the stated amount for this analysis sample through the budget below:

Budget / Research Grant code : _____

Signature by Director / Head of Department / Head of Project / Supervisor:

(Official stamp)