COMSATS Institute of Information Technology
Department of Chemical Engineering
X.R.D Sample Submission Form
(Doc No. CIIT-LHR/ChE-Lab/Temp/13/Rev#02)

1. Supervisor Details:

Name	
E-mail	
NRPU No. / (Project No.)	
Project Name	
Dept.& University	
Mobile No.	

2. Sample Details:

Number of Samples	(Maximum 5 Samples)			Date:	
Sample ID (s)					
Formula/composition					
Form (Powder/Disc/Other)					
Quantity (g)					

3. Scan Details

Sample IDs	Scan Range (2θ)	Step Size	Time per step (s)

4. COSHH Details:

4.1 Hazards for each respective sample

Sample IDs	Hazard						
	Very Toxic	Toxic	Flammable	Corrosive	Harmful	Irritant	Highly reactive
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

	☐	☐	☐	☐	☐	☐	☐

4.2 Specific precautions for each sample:

Sample IDs	Precautions			
	Gloves	Mask	Safety shield	Other (specify)
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

I declare that I have assessed the risk of using the samples listed above and consider that they are safe to use provided that good laboratory practice is followed together with the safety requirements as detailed above.

By signing this form I agree the terms and conditions as stated below:

1. No sample will be accepted/tested without completing the 'Sample Submission Form'.
2. The amount of the sample submitted for testing may be lost.
3. The scan graph and other related data will be provided on a <u>CD provided by the submitter.</u>
4. Well prepared samples must be provided. Our lab will not be allowed for preparing samples.
5. The samples must be sent through proper channel.
6. **Maximum 5 samples can be submitted at one time.**
7. A maximum of 15 days may be taken for X.R.D measurement; however a further delay is possible due to long queue or unseen problem.
8. For samples originating from other sources than CIIT, extra terms and conditions will be applied. For details, contact Dr. Abdul Razzaq (abdulrazzaq@ciitlahore.edu.pk) /Dr Murid Hussain (drmhussain@ciitlahore.edu.pk)/ Dr. Zulfiqar Ali (zulfiqarali@ciitlahore.edu.pk)
9. **The sample indicated in this COSHH form are mine and do not originate from some other university/institute/organization**.

Name (Submitter)		Signature & Date	
Name (Supervisor)		Signature & Date	

For Official Use Only (Do not write below this line)
Approval and comments:

Authorization provided by:

Lab In-charge name: _____ Signature & Date: _____