Department of Chemical Engineering

COMSATS Institute of Information Technology

FTIR Sample Submission Form

(Doc No. CIIT-LHR/ChE-Lab/Temp/124)

1. Submitter Details

Name	
CIIT Registration No.	
NRPU No. /(Project No.)	
Project Name	
Department	
Mobile No.	
Email	

2. Sample & Column Details

Number of Samples	(Maximum 5 Samples)			Date:	
Sample ID (s)					
Formula/composition					
Volume (ml)					
Mobile phases					
Ratio of mobile phases(in case of Mixture)					
Column Specifications					

3. HPLC Operation Details

Sample IDs	Wave length (λ) of Detector	Column Temp. (ºC)	Flowrate of mobile phase (mL/min)	Injection Volume (µL)

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 COSHH 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 CD provided by the submitter.
4. Well prepared samples must be provided. Our lab will not be allowed for preparing/refining samples.
5. The samples must be sent through proper channel.
6. Maximum 5 samples can be submitted at one time.
7. 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)
8.The sample indicated in this COSHH form are mine and do not originate from some other university/institute/organization.

	Name	Signature & Date
Submitter		
Submitter supervisor		

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

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