

Department of Chemistry
National University of Singapore

SERVICE REQUEST FROM CHROMATOGRAPHY LAB

CUSTOMER'S PARTICULARS			
Reference No		Designation*	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Staff <input type="checkbox"/> Others
Customer Name			
Tel		Email	
Supervisor's / Professor's Signature			
Company Name/Supervisor Name			
Sample submission date			
Sample Number/Sample Name			
Analysis requested (HPLC, GC, GCMS, Aqueous GPC, THF GPC)			
PO No/ Account Chargeable			
Mailing Address:			

* Please tick appropriate box.

Note: The results obtained cannot be used as evidence in any court of law and the Department will not be involved in any lawsuit.