



SATHYABAMA UNIVERSTIY

CENTRE FOR OCEAN RESEARCH



REQUISITION FOR FLUORESCENCE SPECTROPHOTOMETER /UV-VIS SPECTROPHOTOMETER

USER INFORMATION

Name : Date:
Designation :
Department :
Name of University/Institution/Industries :
Email ID :
Mobile / Phone No :
Number of Samples :
Nature of Samples : Solid / Liquid
Sample Code :
Wavelength/ Excitation/ Emission :
Type of Output : CD / Email / Hard Copy
Amount :

Signature of the User

Signature of the Head/Supervisor

For Office Use

Bill Number :
Date of receipt of Sample :
Scheduled Date of Sample Analysis :
Researcher In-charge for Sample Analysis :

Signature of Head of the Department

Forwarded by Vice Chancellor