

Kuwait University Nanotechnology Research Facility

FT-IR Spectrophotometer

Request Form Project No. GE01/07



(Please fill all required information. The request form must be typed and not hand written)

Name of Inve	estigator:						
Institution:		Faculty/Dept.:					
Contact:	Office		Mobile	Email			
Sample Ident	tification:						
No. of Samples:		F	Project No.:				
Title of Proje	ct:						
Name of Technician (Student):							
Type of Proje	ect:	Funded	Pilot study	Student:	Bachelor	Master	PhD
☐ I agree to acknowledge the General Facility Project No. GE01/07 in any publication utilizing the results obtained through the Kuwait University Nanotechnology Research Facility. Note: Number of samples should not exceed 100 per year for a given project.							
Signature of	Investigator	•		Date			
ANALYSIS TYPE REQUIREMENT (please tick all applicable): Transmittance Absorbance SAMPLE DETAILS: - Specify Sample Type: Solid Liquid Gas - Please provide more details about the sample - Is there any health risk while handling the sample? (Please specify)							
For Lab Use Only							
Name & Signa	ture of Opera	ator:		Date:			
Signature of D	irector:			Date:			