



Spectrofluorometer Facility
Department of Chemistry
Central University of Tamil Nadu, Thiruvavur-610 005



Requisition Form

Instrument Make: Horiba (Model: Fluoromax C+)

User Information

Name of the user:

Department:

Organisation:

Mobile No:

E-Mail:

Name of Supervisor & Designation:

User Category: Internal / External Academic institution / R&D

Number of Samples:

(Fluorescence / Lifetime)

Description of sample:

Sl. No	Sample Code	*Nature of Samples • Powder • Solid • Liquid • Other Specify	*Type of Analysis • Excitation • Emission • Lifetime • EEMF • SFS	Solvent	*Excitation wavelength (nm)	Expected emission range (nm)	Typical lifetime (ns)
1						-to-	
2						-to-	
3						-to-	
4						-to-	

- Nature of Sample (Organic/ Polymers/Composites etc. Kindly mention the identity of analyte):
- Whether the analyte itself toxic? YES / NO (If YES, mention the precautions that have to be taken care of during sample handling)
- For special experiments (EEMF & SFS) specify your requirements –no of scans, $\Delta\lambda$, etc

Note:

1. Maximum samples that can be accommodated in request form are limited to **FOUR**. If in the case of more than Four samples submit multiple forms for every Four samples.
2. **Payment:** Send the online fee payment receipt along with the request form. Your slot will be confirmed only after receiving samples and payment receipt.

Declaration:

The details of the sample I provided are true. We hereby declare that the samples described above:

(a) Do not contain hazardous substances; and (b) poses no health risk or physical hazard, and that the samples do not contain any content, materials that can be classified as dangerous.

We accept the risks and the responsibility for any consequences arising from sample/material with this declaration and we also agree for expenses. I understand that I am aware of the fact that if the instrument is damaged due to running of my sample, I will be held responsible.

Signature of the user

**Signature of the
Supervisor/Head with Seal**

Date:

FOR OFFICE USE ONLY:

Payment Ref. No.	Date of Payment	Amount	Remark

Serial No. of sample: _____ sample received on: _____ File : _____ result sent on : _____

Signature of the Technical In-charge

Signature of the Head with seal