

Appendix I:

**Department of Chemistry
National University of Singapore**

SERVICE REQUEST FOR CHROMATOGRAPHY LAB

USER'S PARTICULARS			
Name		Designation*	<input type="checkbox"/> Undergraduate
Tel			<input type="checkbox"/> Postgraduate
Fax			<input type="checkbox"/> Staff
			<input type="checkbox"/> Others
Department/Company			
Sample Number			
Analysis requested (HPLC, GC, GCMS, Aqueous GPC, THF GPC)			
SUPERVISOR'S PARTICULARS			
Name/ Signature			
Tel		Email	
Department/Company			
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.