

APPLICATION FOR ANALYTICAL SERVICES / SAMPLE SUBMISSION FORM

Post Graduate and Research Department of Biochemistry

T.K.M. College of Arts and Science

Kollam

Date of Submission: _____

1. CLIENT DETAILS

- Name of Applicant / Organization: _____
- Contact Person: _____
- Designation:

- Address:

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- Phone / Mobile: _____
 - Email: _____
 - GST / Institutional ID (if applicable): _____

2. SAMPLE DETAILS

- Name / Description of Sample: _____
- Nature of Sample (Tick as applicable):
 Food Water Chemical Environmental Pharmaceutical Phytochemical
 Tissue/Blood/Biological Other: _____
- Number of Samples Submitted: _____
- Sample Identification / Code (Should provide a clear legible name or code):

- Quantity Submitted: _____
- Date of Collection: _____
- Storage Conditions Prior to Submission: _____
- Hazard Information (if any): _____

3. ANALYSIS REQUESTED

(Please tick or specify clearly)

Proximate Analysis

Enzyme Assay

Phytochemical Screening

Nutritional Analysis

Spectrophotometric Analysis

Chromatographic Analysis

Microbiological Analysis

Biochemical Analysis

Other (Specify): _____

Detailed Description / Parameters Required:

4. PURPOSE OF ANALYSIS

Academic Research

Student Project

Quality Control

Product Development

Regulatory Submission

Consultancy

Other (Specify): _____

5. REPORTING REQUIREMENTS

- Format Required:

Soft Copy (PDF)

Printed Copy

Both

- **Required Date of Report:** _____

- Urgency:
 - Routine
 - Urgent (subject to feasibility and additional charges)
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6. PAYMENT DETAILS

- Estimated Charges: _____
- Mode of Payment:
 - Cash
 - Bank Transfer
 - Demand Draft
 - Institutional Transfer

Transaction / Receipt No.: _____

Date of Payment: _____

7. TERMS AND CONDITIONS

1. Samples must be properly labeled and accompanied by this completed application form.
 2. The laboratory reserves the right to refuse samples that are improperly labeled, insufficient in quantity, or hazardous without prior declaration.
 3. The results are applicable only to the samples tested and not to the entire batch or lot unless explicitly stated.
 4. Turnaround time depends on the nature of analysis and workload.
 5. The laboratory shall exercise due care in handling samples but will not be responsible for deterioration due to inherent instability of samples.
 6. Test reports are issued for the specified purpose only and should not be reproduced in part without written permission.
 7. Payment must be completed as per institutional policy before issue of the final report unless otherwise approved.
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8. DECLARATION BY APPLICANT

I hereby declare that the information provided is correct and that the samples submitted do not contain any undeclared hazardous or infectious materials. I agree to abide by the laboratory rules and payment terms.

Name of Applicant: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Sample Receipt No.: _____

Date Received: _____

Condition of Sample on Receipt: _____

Analysis Assigned To: _____

Expected Date of Completion: _____

Remarks: _____

Authorized Signatory: _____

Seal: _____