

# REQUEST FOR ANALYSIS

UPIC-ASL Form 1  
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## Analytical Services Laboratory

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### Entry No:

Date of sample receipt: \_\_\_\_\_ Date Due: \_\_\_\_\_

Customer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Customer type:

I -UPD student     II – student of other UP campus/  
UP researcher     III – non UP student/  
non UP researcher/Government     IV     V

### Purpose for analysis:

Product development/ QC     Thesis     Environmental monitoring  
 Project     Licensing     Sub-contract     Others \_\_\_\_\_

### Report of Analytical Results to be:

Picked up at ASL office     sent thru e-mail  
 Sent thru fax     Others \_\_\_\_\_

Received by ASL authorized representative: \_\_\_\_\_

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**Undertaking:**

*I accept and agree to the terms and conditions of this request (see back page).*

\_\_\_\_\_  
Printed name and signature of customer  
or authorized representative

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**Payment:**

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ O.R. No.: \_\_\_\_\_

- **To avoid delay in analysis, please pay total charges promptly. Samples will be analyzed only after full payment of total charges.**