



Ref No: IIUM/307/4/23/1/1
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Effective Date: 02 Oct 2023

**LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE**

CHEMICAL REQUEST FORM

Note: As stated in the timetable, the form must be submitted to the lab staff in charge 3 DAYS before the collection day. Students are required to bring their own glassware when collecting the chemicals.

A. Application Details Information

Name : _____
Matrix/Staff No. : _____ Contact No. : _____
Dept. / Kull. / Ins. : _____
Project Title : _____
Supervisor : _____
Co-supervisor (if any) : _____

B. Required Chemical(s)

No	Description of Chemical(s)	Quantity	Inventory Status (Office Use)	Remarks
1			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No*	

*The delivery is based on delivery terms by supplier (1-3 months)

Requested by;

Name:
Date:

Recommended by;

Approved by;

Sign & stamp
(Supervisor/Co-Supervisor)
Date:

Sign & stamp
(Science Officer/Assistant Science Officer)
Date:

For Laboratory Office Use Only

Issued by : _____ Received by : _____
Date : _____ Date : _____

Note: Please use additional space at the back if space is insufficient.
Please keep a copy of this form for your reference.

No	Description of Chemical(s)	Quantity	Inventory Status (Office Use)	Remarks
10			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
11			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
12			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
13			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
14			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
15			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
16			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
17			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
18			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
19			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
20			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
21			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
22			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
23			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
24			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
25			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
26			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
27			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
28			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
29			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
30			<input type="checkbox"/> Yes <input type="checkbox"/> No*	