**Application Form of Characterization Sample**

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| **Name of Students:** |  |
| **Name of Supervisor:** |  |
| **School/Institute:** |  |
| **Type of Sample:** |  |
| **Name of Sample:** |  |
| **Excitation Wavelength:** |  |
| **Emission Wavelength:** |  |
| **Date of Receives Sample:** |  |
| **Date of Collect Sample:** |  |

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| **Operator** | **Student** |
| ------------------------------ | ------------------------------ |