







The Center for Scientific and Technological Equipment,  
Suranaree University of Technology

111 University Avenue, Suranaree Sub-district, Mueang District, Nakhon Ratchasima 30000 Tel. (044) 223265 Fax. (044) 223260

(Staff only)  
Requested No. .... / .....  
Date.....  
Time.....  
Sample Receiver.....

Laboratory Service Request Form

Part 1 (For customer)

1. Name.....Position.....Contact address.....  
House No.....Moo.....Road.....Sub-district/Khwaeng.....District/Khet.....Province.....  
Postal Code..... Tel.....Fax.....E-mail..... ,

2. Request services for:  Laboratory  Use of scientific instrument (Please specify the instrument).....  Other services (Please specify).....

3. Type of customers:  Internal Unit (SUT)  External Unit/Other Organizations  
 Teaching/Project/Work.....Subject code.....  Government sector (with certified letter from superior)  
 Thesis Subject code.....Thesis title .....  University in collaboration with SUT (with certified letter from superior)  
 Research title.....  Private company  General  
 Others (please specify).....  Other (please specify).....

4. Customer's name and address to be specified on receipt:  use name and address in Item 1  if other, please specify .....

5. Customer's name and address to be specified on service report (Please fill in English if require for English version):  
 use name and address in Item 1  if other, please specify .....

6. Sample details and list of service/instrument used (please fill in Item 6 on page 2/2)  
6.1 Quantity of sample (s)..... Request for retrieval of sample container:  No  Yes (within 30 days after sample (s) is delivered)  
6.2 Storage condition:  Room temperature  Chilled  Frozen **6.6 Result Shipment:**  in person  post/mail (please send the report to .....)  
6.3 Retrieval of sample (s):  No  Yes (within 10 days after reported date) **6.7 Payment method:**  cash  money transfer (attachment)  cheque (attachment)  
6.4 Request to observe the service:  Yes  No **6.8 Other requests (please specify).....**  
6.5 Requirement of criteria:  No  Yes, please specify -  Laboratory criteria  Standard criteria (please specify).....  Customer's criteria (please specify).....  
6.9 Report of Uncertainty value:  Yes  No  
6.10 (For customer from internal unit (SUT) only) I hereby agree to pay for the total service cost by CSTE within (Date/Month/Year) ..... and the service cost to be responsible by (name)..... In case of late payment from the specified date above, I agreed SUT to deduct my salary or other income related to SUT for paying the service cost.  
6.11 I hereby agree to the terms and conditions.

Customer's signature..... Superior's signature..... (Internal Unit (SUT) only)  
(.....)  
...../...../.....

Part 2 (For staff only) Review of the service request

1. List of services/service method/instrument used.....  
2. Service cost:  
2.1 Service cost rate of:  1  2  3  4  5  6 **2.2 Total expenses.....THB**  
2.3 Additional cost (If any, please specify):.....  
2.4 Actual cost: .....THB (.....)  
3. Detail of discussions/problems with the customer.....  
4. Major change of the service request review (if any).....  
5. Approval of request:  Not approve and reject sample  Approve and will report the result on .....  
6.  In the case there is amendment to the request, CSTE has already informed customer in written on (date).....  
 In the case there is additional request after the service has started, please specify.....  
 CSTE has finished reviewing the request, approved it, and informed related person upon this approval.

Reviewed by..... Reviewer Signature of sample receiver..... at a.m./p.m.  
(.....)  
...../...../.....

Remarks: In the case customer requests for result in English version or Uncertainty value, additional cost is required.



Requested No...../..... Date.....

6. Sample Details and List of Services/Instrument

Sample No.	Name of Sample	Type of Sample/ Container	Quantity of Sample/Quantity of Sample per Container	Details of Sample Label (If Any)	Laboratory Service/ Research Method/Research Instrument Being Used	Due Date	(For staff)		
							*Research Code	Sample No.	Sample Condition

Remarks:\* to be listed by reviewer

**Part 3 (For superior)**

1. Comment of Head of Division:

Approved

Other (please specify) .....

.....  
 (.....)

Head of Division .....

...../...../.....

2. Approval of Head of Department:

Approved

Not approved (please specify).....

.....  
 (.....)

Head of Department/Assistant Director of CSTE.....

...../...../.....