**Birbal Sahni Institute of Palaeosciences**

53, University Road, Lucknow, Ph. 0522-2742942

**Radiochronology and Isotopic Characterization laboratory**

**Sample Requisition Form**

|  |  |  |
| --- | --- | --- |
| **User Information** | | |
| Name of the Investigator | **:** |  |
| Email and Contact no | **:** |  |
| Address | **:** |  |
| Category (In-house/ Govt. Sponsored/ Private Industry) | **:** |  |
| Project No. & title | **:** |  |
| ***Please attach copy of Quotation /Approval*** | | |
|  | | |
| **Sample details** | | |
| No of Samples with ID | **:** |  |
| Sample type | **:** |  |
| Bulk/Pre-processed | **:** |  |
| Location of sample | **:** |  |
| Analysis required | **:** |  |
| Expected Stratigraphic/ Archaeological age | **:** |  |
| Objective & Significance of the study | **:** |  |

Please attach your sample sheet on next page

Name & Sign of Investigator

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Sample ID | Nature/Mineralogy/Chemical Composition | Remarks |
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