

**TURKISH ACCELERATOR AND RADIATION LABORATORY
MEASUREMENT LABORATORY**

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ANALYSIS REQUEST FORM

ANALYSIS REQUESTERS INFORMATION ABOUT	Applicant's Name, Surname: Institution/University-Department: Phone : Mail :	Address :
	Purpose of use of analysis results: <input type="checkbox"/> M.Sc. <input type="checkbox"/> Doctorate <input type="checkbox"/> Project <input type="checkbox"/> Consultancy <input type="checkbox"/> Other _____	
PAYMENT INFORMATION	Please specify the payment method: <input type="checkbox"/> Individual <input type="checkbox"/> Project (<input type="checkbox"/> BAP-No: _____ <input type="checkbox"/> TUBITAK-No: _____) <input type="checkbox"/> Private sector <input type="checkbox"/> Governmental <input type="checkbox"/> Protocol <input type="checkbox"/> Other: _____	
	INVOICE INFORMATION	
	Name of Person / Institution to which Invoice will be issued: Project No (if any): Billing address :	
	Tax number :	TR No:
	Tax Administration :	

Requested Services		
<input type="checkbox"/> UVC Leak Test	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> Nano-FTIR	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> UV-VIS-NIR	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> FTIR	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> AFM	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> Medical Linac	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> Machine shop usage	(Sample type: _____	Number of sample: _____ Description: _____)
<input type="checkbox"/> Part design service	(Sample type: _____	Number of sample: _____ Description: _____)

Information of the person making the request		
Name-Surname	Signature	Date:

This section will be filled by the TARLA Services Unit				
Application No.		Doc. Reg. Number		Analysis Start Date
Application date		Sample Delivery Date		Analysis End Date
Estimated Analysis fee		Sample Return Date		Name, Surname and Signature