



Advanced Particle Size Analysis – Service Booking Form

School of Pharmacy & TCM / Lincoln University College

1. Institution/Organization Name:

2. Contact Person Name:

3. Email Address:

4. Phone Number:

5. Type of Analysis Requested:

- ☐ Particle Size Analysis
☐ Zeta Potential Analysis
☐ Both

6. Number of Samples:

7. Sample Type/Description:

8. Preferred Date for Analysis:

9. Are you applying as:

- ☐ Academic Institution
☐ Industry

10. Additional Requests/Comments (if any):

Contact for Support/Queries:

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