

## **TESTING REQUISITION FORM**

Differential Scanning Calorimetry (DSC)

Office Use Only				nly		
NAME			DATE OF SUBMITTION			
FACULTY/ UNIVERSITY/ COMPANY/ ADDRESS			REFERENCE NO.			
TELEPHONE NO.			ASSIGNMENT UNIT		Spectroscopy Hall	
E-MAIL			SCIENCE OFFICER			
**SAMPLE TYPE: SOLID & POWDER ONLY  **AMOUNT OF SAMPLE: Min 0.5 gram for powder sample						
SAMPLE ID (IMPO		SAMPLE DESCRIPTIONS  FANT! Please state your chemical compound)		REMARKS		
TOTAL =						
DESCRIPTION OF TEST REQUIRED				PARAMETER		
( ) THERMOO	Y	1) TEMP RANGE (Minimum -60°C)				
( ) RAW DATA (ASCII)			2) HEATING RATE (°C/MIN)			
			3) FLOW RATE (ml/min)			
			4) CONDITION Ar			
( ) OTHER:					N2 AIR	
Additional Information:						
MAK VALUE ( ) Harn	nless	( ) Toxic ( ) Comb	ustible	( ) Irr	ritatina	
Chemical Formula: (if not known,please list compounds @ elements potentially present!)						
					Office Use Only	
REQUESTOR SUPERV			ISOR			
					Initial:	
			2.05		Date:	
Signature Signature Name: Date:			& Stamp		SUBMITTED TO	
Date:					Initial:	
					Date:	
					COMPLETION DATE:	
					/	

## Note:

<sup>\*</sup>For Internal payment, select: TABUNG AKTIVITI NANOCAT' as a payee. Account No: J-55024-76160 (WBS: UM.0000348/KWJ.AK)

<sup>\*</sup>For Non Universiti Malaya,