



TESTING REQUISITION FORM PARTICLE SIZE DISTRIBUTION

		OFFICE USE ONLY	
NAME		DATE OF SUBMISSION	
FACULTY/ UNIVERSITY/ COMPANY/ ADDRESS		REFERENCE NO.	
TELEPHONE NO.		ASSIGNMENT UNIT	Spectroscopy Hall
E-MAIL		SCIENCE OFFICER	

**SAMPLE TYPE: LIQUID ONLY

**AMOUNT OF SAMPLE: Min 10 ml

SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL =		

SOLVENT (IMPORTANT! PLEASE STATE YOUR SOLVENT)
<p>Solvent use: _____</p> <p>* Please tick () Harmless () Toxic () Combustible () Irritating () Toxic () Volatile () Carcinogen</p>

SAMPLE ADDITIONAL INFORMATION
<p>Chemical Formula: _____ (IMPORTANT! if not known, please list compounds @ elements potentially present)</p> <p>* Please tick () Harmless () Toxic () Combustible () Irritating () Toxic () Volatile () Carcinogen</p> <p>Type of elements to be analyze: _____</p> <p>Expected average particle size: _____</p>

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REQUESTOR _____ Signature Name: Date:	SUPERVISOR _____ Signature & Stamp Date:	SUBMITTED BY Initial: _____ Date: _____ SUBMITTED TO Initial: _____ Date: _____ COMPLETION DATE: ___/___/___

Note:

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

*For Non Universiti Malaya, payment made by crossed cheque of 'BENDAHARI UNIVERSITI MALAYA', CIMB Bank Account No : 80-0127999-8.

*GST 6% will be charged for Non Universiti Malaya

*Kindly complete this form. **Incomplete form will not be entertained.**