



TESTING REQUISITION FORM

FREEZE DRYER

		Office Use Only	
NAME		DATE OF SUBMISSION	
FACULTY/ UNIVERSITY/ COMPANY/ ADDRESS		REFERENCE NO.	
TELEPHONE NO.		ASSIGNMENT UNIT	
E-MAIL		SCIENCE OFFICER	

*SAMPLE TYPE: NEED TO BE PRE-FREEZE AT -80 C

*PLEASE KEEP THE SAMPLES IN VIAL/MICROCENTRIFUGE/SMALL CONTAINER (6cm height x 6cm width)

NO	SAMPLE ID	
TOTAL =		

Additional Information :

MAK VALUE () Harmless () Toxic () Irritating

Chemical Formula: _____(if not known,please list compounds @ elements potentially present)

Please state if your sample need to be store in a special condition: _____
(e.g: temperature for storing)

For Office Use Only

APPROVED BY : <div style="border-bottom: 1px solid black; width: 100%;"></div> NAME: DATE :	SUBMITTED BY Initial:_____ SUBMITTED TO Initial:_____	STATUS Completion date: ____/____/____
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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.**