

TESTING REQUISITION FORM
GAS CHROMATOGRAPHY (GC)

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

SAMPLE TYPE: **Liquid & Gas Only

AMOUNT OF SAMPLE: **Min 1 ml

SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL =		

DESCRIPTION OF TEST REQUIRED	PARAMETER	
() MASS SPECTRUM	1) COLUMN	() Polar () Non polar
() TCD/FID		
() CHROMATOGRAM	2) SPLIT RATIO	
() PERCENT REPORT	3) INLET TEMP	
() LIBRARY SEARCH REPORT		
() OTHER :	4) OVEN TEMP	

Additional Information :

Dilute: () Harmless () Toxic () Combustible () Irritating

1. How many injection per sample?(price charge apply) _____
2. Do you need additional standard callibration?(price charge apply) _____
3. Information on Expected Compound: _____

		For Office Use Only	
APPROVED BY :		SUBMITTED BY	STATUS
NAME: _____ DATE : _____		Initial:_____ Date:_____	Completion date: ____/____/____
		SUBMITTED TO	
		Initial:_____ 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.**