

TESTING REQUISITION FORM

Scanning Electron Microscope (SEM)

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

SAMPLE TYPE: **SOLID & POWDER (DRY ONLY)

AMOUNT OF SAMPLE: **Minimum 0.1 Gram

SIZE : **3x3x3 cm/as discussed

SAMPLE ID	SAMPLE DESCRIPTIONS (IMPORTANT! Please state your chemical compound)	ANALYSIS REQUIRED	
		SEM	EDX
TOTAL=			

SEM METHODS	EDX METHODS
<input type="checkbox"/> Hi Vacuum <input type="checkbox"/> Low vacuum Prefer (Optional) Parameter: <u>Magnification</u> a) b) c) Others: _____	<input type="checkbox"/> Spot area <input type="checkbox"/> Elemental mapping <input type="checkbox"/> Line scanning Others: _____

Types/Condition of samples			
Dry	<input type="checkbox"/>	Moist/wet	<input type="checkbox"/>
Harmless	<input type="checkbox"/>	Irritating	<input type="checkbox"/>
		Thin film/ coating	<input type="checkbox"/>
		Radioactive	<input type="checkbox"/>
		Beam sensitive	<input type="checkbox"/>
		Toxic	<input type="checkbox"/>
Others: _____			

REQUESTOR SIGNATURE:	OFFICE USE ONLY
_____ Name: Date: SUPERVISOR _____ Signature & Stamp Date:	SUBMITTED BY Initial:_____ Date:_____
	SUBMITTED TO Initial:_____ Date:_____
	STATUS Completion date: ____/____/____

Note:

*Please submit this form with invoice commitment/ proof of payment.

*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