

# 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<br>(IMPORTANT! Please state your chemical compound) | ANALYSIS REQUIRED |     |
|---------------|---|-------------------|-----|
|               |   | SEM               | EDX |
|               |   |                   |     |
|               |   |                   |     |
|               |   |                   |     |
|               |   |                   |     |
|               |   |                   |     |
|               |   |                   |     |
|               |   |                   |     |
|               |   |                   |     |
| <b>TOTAL=</b> |   |                   |     |

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

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

| REQUESTOR SIGNATURE:  | OFFICE USE ONLY   |
|---|---|
| _____<br>Name:<br>Date:<br><br><b>SUPERVISOR</b><br><br>_____<br>Signature & Stamp<br>Date: | <b>SUBMITTED BY</b><br><br>Initial:_____ Date:_____     |
|   | <b>SUBMITTED TO</b><br><br>Initial:_____ Date:_____     |
|   | <b>STATUS</b><br><br>Completion date:<br>____/____/____ |

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.**

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