

TESTING REQUISITION FORM

UV-Vis Spectrometer

Serial No: _____

		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 & POWDER ONLY

**AMOUNT OF SAMPLE: Min 1.0 mg for powder sample/5ml for liquid sample

SAMPLE ID	SAMPLE DESCRIPTIONS	WAVELENGTH RANGE, nm	SAMPLE BACKGROUND/PREPARATION
TOTAL =			

ORDINATE MODE

- () % REFLECTANCE (%R)
- () % TRANSMITTANCE (%T)
- () ABSORBANCE (A)
- () FR
- () OTHER : _____

Additional Information :

MAK VALUE () Harmless () Toxic () Combustible () Irritating

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

For Office Use Only

APPROVED BY : <hr style="border: 0; border-top: 1px solid black;"/> NAME: DATE :	SUBMITTED BY Initial:_____ Date:_____ SUBMITTED TO Initial:_____ Date:_____	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.