



TESTING REQUISITION FORM
X-Ray Diffractometer (XRD)

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

**SAMPLE TYPE: () SOLID () POWDER
**AMOUNT OF SAMPLE: Min 1.0 gram for powder sample

NO	SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL =			

DESCRIPTION OF TEST REQUIRED	PARAMETER	
() DIFFRACTOGRAM ONLY	1) RANGE	
() LATTICE CONSTANT/INDEXING	2) STEP SIZE	
() OTHER : _____	3) STEP TIME	
	4) TOTAL SCAN TIME	_____ Hour _____ minute _____ second

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 SUPERVISOR :	SUBMITTED BY		STATUS	
	Initial: _____		Completion date:	
	SUBMITTED TO		____/____/____	
NAME: DATE :	Initial: _____			

Note:
*For Internal payment, select: 'TABUNG AKTIVITI NANOCAT' as a payee. **Account No: J-55024-76160**
*For Non Universiti Malaya, payment made by crossed cheque of 'BENDAHARI UNIVERSITI MALAYA'
CIMB Bank Account No : 80-0127999-8.