



TESTING REQUISITION FORM

CHNOS (ELEMENTAL ANALYSIS)

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

****SAMPLE TYPE: POWDER (ORGANIC ONLY)**

****AMOUNT OF SAMPLE: 1.0 G (MINIMUM)**

SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL=		

*Please use additional page if needed

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; margin: 5px 0;"/> NAME: DATE :	SUBMITTED BY <div style="text-align: center;">Initial: _____ Date: _____</div> SUBMITTED TO <div style="text-align: center;">Initial: _____ Date: _____</div>	STATUS <div style="text-align: center;">Completion date: ____/____/____</div>

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.