

TESTING REQUISITION FORM

GAS CHROMATOGRAPHY (GC)

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

SAMPLE TYPE: **Liquid & Gas Only

AMOUNT OF SAMPLE: **Min 1 ml

SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL =		

DESCRIPTION OF TEST REQUIRED	PARAMETER	
() CHROMATOGRAM	1) COLUMN	() Polar () Non polar
() PERCENT REPORT	2) SPLIT RATIO	
() LIBRARY SEARCH REPORT	3) INLET TEMP	
() MASS SPECTRUM	4) OVEN TEMP	
() OTHER :		

Additional Information :

Dilute: () Harmless () Toxic () Combustible () Irritating

Information on Expected Compound:

		For Office Use Only	
APPROVED BY : <div style="border-bottom: 1px solid black; width: 100%;"></div> NAME: DATE :	SUBMITTED BY Initial:_____ Date:_____	STATUS Completion date: ____/____/____	
NAME: DATE :	SUBMITTED TO Initial:_____ Date:_____		

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.