

## TESTING REQUISITION FORM

### ROTATING PRESSURE VESSEL OXIDATION (RPVOT)

		<b>OFFICE USE ONLY</b>	
<b>NAME</b>		<b>DATE OF SUBMISSION</b>	
<b>FACULTY/ UNIVERSITY/ COMPANY/ ADDRESS</b>		<b>REFERENCE NO.</b>	
<b>TELEPHONE NO.</b>		<b>ASSIGNMENT UNIT</b>	
<b>E-MAIL</b>		<b>SCIENCE OFFICER</b>	

**\*\*SAMPLE TYPE: LIQUID ONLY**

**\*\*AMOUNT OF SAMPLE: MIN. 20 ML**

NO	SAMPLE ID	REMARKS
TOTAL =		

Additional Information :

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

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

<b>For Office Use Only</b>		
<b>APPROVED BY :</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>NAME:</b> <b>DATE :</b>	<b>SUBMITTED BY</b> <div style="text-align: center;">Initial: _____ Date: _____</div> <b>SUBMITTED TO</b> <div style="text-align: center;">Initial: _____ Date: _____</div>	<b>STATUS</b>  <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.