

TESTING REQUISITION FORM

TPDRO 1100

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

****SAMPLE TYPE: POWDER ONLY**

****AMOUNT OF SAMPLE: Min 50 mg for powder sample**

SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL =		

DESCRIPTION OF TEST REQUIRED		PARAMETER					
() TPD ANALYSIS (*NH3/CO2)	1) PRETREATMENT						
	Phase	Gas		Start temp (°C)	Final temp (°C)	Rate (°C/min)	Holding (min)
	Clean lines						
	1						
	2						
	3						
	4						
	2) ANALYSIS						
	Gas			Start temp (°C)	Final temp (°C)	Rate (°C/min)	Holding (min)
() TPO ANALYSIS (5%O2 in He)							
() TPR ANALYSIS (5% H2 in N2)							
() ANALYSIS WITH MS							
() CHEMISORPTION							
() OTHER : _____							

Additional Information :

MAK VALUE ☐ Harmless ☐ Toxic ☐ Combustible ☐ Irritating

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

FOR MS: Please list compound/element potentially evolve during experiment

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APPROVED BY : _____ 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.**