



SAMPLE ANALYSIS SERVICE REQUEST FORM

| 1.0 APPLICANT DETAILS | | | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------|-----------------------|
| Name of Applicant | | | | Phone No: Email: |
| Status of Applicant * | Teaching & Learning | | Postgraduate | Consultation Services |
| | Final Year Project | | Research | |
| Kulliyah/ Faculty & Organization | | | | |
| Supervisor Name | | | | Phone No: Email: |
| Project ID | | | | |
| Supervisor's Signature & Official Stamps | <i>I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.</i> | | | |
| | | | | Date: |
| 2.0 ANALYSIS & SAMPLE INFORMATION | | | | |
| Instrument/ Analysis | | | | |
| Type of Sample | | Type of Analysis | | |
| Sample Background/ Information | | | | |
| Sample Details (please use an attachment if the space is insufficient) | | | | |
| No. | Name of Sample | Qty | Rate (RM) | Total (RM) |
| | | | | |
| | | | | |
| | | | | |
| 3.0 RECOMMENDATION FROM THE DEAN/HOD/ PROJECT LEADER | | | | |
| Review/ comment: | | Signature & Official Stamps: | | |
| | | Date: | | |
| FOR OFFICE USE | | | | |
| This application can be considered/ not considered * | | Total Charges: RM | | |
| Comment/ Review: | | Sign & Stamp of Science Officer | | |
| | | Date: | | |
| Comment/ Review: | | Sign & Stamp of Dean/ Head of Laboratories | | |
| | | Date: | | |
| ACKNOWLEDGEMENT ON COMPLETION OF WORK/ ANALYSIS | | | | |
| Name of Operator | | | | |
| Date of Received | | Date of Completion | | |
| Comment/ Review: | Sign & Stamp of Operator: | | | |
| | | | | Date: |

* Please thick (√) if where applicable

* Please cut if not applicable