

**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