

**SAMPLE ANALYSIS SERVICE REQUEST FORM**

1.0 APPLICANT DETAILS				
<b>Name of Applicant</b>				Phone No: Email:
<b>Status of Applicant *</b>	Teaching & Learning		Postgraduate	Consultation Services
	Final Year Project		Research	
<b>Kulliyah/ Faculty &amp; Organization</b>				
<b>Supervisor Name</b>				Phone No: Email:
<b>Project ID</b>				
<b>Supervisor's Signature &amp; Official Stamps</b>	<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				
<b>Instrument/ Analysis</b>				
<b>Type of Sample</b>		<b>Type of Analysis</b>		
<b>Sample Background/ Information</b>				
<b>Sample Details</b> (please use an attachment if the space is insufficient)				
<b>No.</b>	<b>Name of Sample</b>	<b>Qty</b>	<b>Rate (RM)</b>	<b>Total (RM)</b>
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: <b>RM</b>		
Comment/ Review:		Sign & Stamp of Science Officer		
		Date:		
Comment/ Review:		Sign & Stamp of Dean/ Head of Laboratories		
		Date:		
ACKNOWLEDGEMENT ON COMPLETION OF WORK/ ANALYSIS				
<b>Name of Operator</b>				
<b>Date of Received</b>		<b>Date of Completion</b>		
<b>Comment/ Review:</b>				Sign & Stamp of Operator:
				Date:

\* Please thick (√) if where applicable

\* Please cut if not applicable