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		Revision No.	1								
	<b>Test Request Form</b> (FTIR – CHEMICAL DEPARTMENT)	Effective Date	1 <sup>st</sup> Mei 2024								
		Page	Page 1 of 1								
<b>To be filled by customer</b>											
Name:		Tel No:									
I.C No / Matric No :		E-mail:									
Faculty/Company :		PhD/MSc/FYP/Others :									
Address:		Date of Request:									
		Name of Supervisor:									
Method of payment: <input type="checkbox"/> JomPay <input type="checkbox"/> Grant Other: _____ (Please tick)											
<b>Sample Description (To be filled by customer)</b>											
<b>Sample type(Please tick):</b> <input type="checkbox"/> Liquid <input type="checkbox"/> Solid/KBr Pellet  <b>Sample quantity :</b> _____  <b>Type of graph(Please tick):</b> <input type="checkbox"/> Absorbance <input type="checkbox"/> Transmittance <input type="checkbox"/> Both		<b>Sample description :</b> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Sample ID Name</th> <th style="width: 40%;">Testing Information:</th> </tr> </thead> <tbody> <tr> <td>1: _____</td> <td rowspan="5"> <ul style="list-style-type: none"> <li>• Scope :Chemical Testing</li> <li>• Test method: ASTM E1252</li> </ul> </td> </tr> <tr> <td>2: _____</td> </tr> <tr> <td>3: _____</td> </tr> <tr> <td>4: _____</td> </tr> <tr> <td>5: _____</td> </tr> </tbody> </table>		Sample ID Name	Testing Information:	1: _____	<ul style="list-style-type: none"> <li>• Scope :Chemical Testing</li> <li>• Test method: ASTM E1252</li> </ul>	2: _____	3: _____	4: _____	5: _____
Sample ID Name	Testing Information:										
1: _____	<ul style="list-style-type: none"> <li>• Scope :Chemical Testing</li> <li>• Test method: ASTM E1252</li> </ul>										
2: _____											
3: _____											
4: _____											
5: _____											
<b>Student Admission:</b> I _____ hereby declare that all these samples belong to me and not from others student.  Signature: _____											
<b>Supervisor's Acknowledgment:</b> I _____ hereby confirm that the student named above is under my supervision and sample given is not against the legislation and in the satisfied condition.  Signature: _____ Date: _____											
<b>ADMINISTRATION USE ONLY</b>											
Quotation No : _____		Job No: _____									
Laboratory Sample ID : _____		Expected date of completion: _____									
Received by (Signature): _____ Approval by: _____ <div style="text-align: right;">Date: _____</div>											