



APPLICATION FOR TESTING SERVICES FORM

A. APPLICANT

Organization :	
Address :	
Name :	
Tel. No. :	
E-mail Address :	
Requirements :	<input type="checkbox"/> Testing <input type="checkbox"/> Raw Data <input type="checkbox"/> Test Report (COMPULSORY FOR MS ISO/IEC 17025:2017 TESTING) * <input type="checkbox"/> Others (please specify): _____

B. SAMPLE/PRODUCT INFORMATION

Sample Name : <i>(Fill the Sample ID form in Page 3)</i>	Test Methods :
	Number of Sample :
SAMPLE DISPOSAL BY CUSTOMER ONLY: <i>Disclaimer: Sample disposal within one month of results received. Very hazardous material, customer must collect the sample otherwise RM100 will be charged for disposal</i>	Description of Samples : (weight, volume, size, expiry date, etc.)
Agreed by: _____ <i>Customer's Signature</i>	Boiling Point Temperature (°C): _____
Name: _____ Date: _____	Storage condition required : _____

C. COVENANT OF APPLICANT

D. TYPE OF PAYMENT

By signing this form I take full responsibility for the payment of the services rendered.	<input type="checkbox"/> Vot No: _____ - _____ (PTJ)	<input type="checkbox"/> Local Order (LO)/Purchase Order (PO)
Signature of applicant and official stamp: _____	<input type="checkbox"/> Cheque/Bank Draft/Postal Order (payable to BURSAR UPM)	Address to: UNIVERSITI PUTRA MALAYSIA SERDANG Pejabat Bursar, Bangunan Canselor Putra, Aras 2, Universiti Putra Malaysia, 43400 Serdang, SELANGOR
Date : _____	<input type="checkbox"/> Cash Receipt from Bendahari	
	<input type="checkbox"/> UPM Payment Gateway (Bayaran Perkhidmatan MCL KKA)	

E. TESTING FACILITIES

Please Mark (✓) Test (s) Required. Sample must be protected in a closed and sealed container

1. Chemical Compositional Analysis <input type="checkbox"/> GC/FID <input type="checkbox"/> GC/TCD <input type="checkbox"/> GC/MS <input type="checkbox"/> HPLC/(ELSD/RI) <input type="checkbox"/> HPLC/UV <input type="checkbox"/> UV/Vis <input type="checkbox"/> FTIR* <input type="checkbox"/> NIR <input type="checkbox"/> FIR	4. Imaging Analysis <input type="checkbox"/> FESEM <input type="checkbox"/> EDX <input type="checkbox"/> i-RAMAN <input type="checkbox"/> Light Microscope
2. Elemental Analysis <input type="checkbox"/> AAS Element: _____ <input type="checkbox"/> ICP-OES Element: _____	<input type="checkbox"/> Particle Size Analyzer <input type="checkbox"/> XRD
3. Thermal Analysis <input type="checkbox"/> DSC <input type="checkbox"/> TGA <input type="checkbox"/> CHN <input type="checkbox"/> S	5. Laser/X-ray Analysis <input type="checkbox"/> BOD <input type="checkbox"/> TOC <input type="checkbox"/> Turbidity <input type="checkbox"/> COD <input type="checkbox"/> TSS <input type="checkbox"/> TDS <input type="checkbox"/> pH <input type="checkbox"/> Bomb Calorimeter
	6. Water Analysis (Testing will done at Environmental Engineering Lab) <input type="checkbox"/> Surface area (B.E.T, Langmuir & Porosity)
DATE OF SAMPLE RECEIVED: _____	EXPECTED TIME OF COMPLETION (AGREED): _____ <i>*Technical staff will contact for any changes</i>

F. FOR LABORATORY USE:
Sample Checklist (attach with detail supplement checklist if required)

Yes	No	Remarks (guide)	Yes	No	Remarks
<input type="checkbox"/>	<input type="checkbox"/>	(weight, volume, size, expiry date, etc):	Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>
Condition of sample (Acceptable) <input type="checkbox"/> <input type="checkbox"/> (liquid/solid/gas/wet/dry):			Competence Personnel	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate method <input type="checkbox"/> <input type="checkbox"/> (equipment):			Others/ Subcontract	<input type="checkbox"/>	<input type="checkbox"/>
Toxicity/Hazardous <input type="checkbox"/> <input type="checkbox"/> (Biohazard/carcinogen/ radioactive etc.):			Commencement of Work	<input type="checkbox"/>	<input type="checkbox"/> Inform customer <input type="checkbox"/> Return Sample <input type="checkbox"/> Others
Reviewed by: TM/DTM/Technical Staff					
Date:					

G. FOR ACCREDITED TESTING

Condition of the sample received:						
<hr/> <hr/>						
Is the sample deviated from the specified condition in B?						
<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
If yes, consult customer:						
<table border="0"> <tr> <td>i. Accept for testing</td> <td><input type="checkbox"/> If accept, attach evidence of consent (e-mail, initial signature)</td> </tr> <tr> <td>ii. Reject for testing</td> <td><input type="checkbox"/></td> </tr> </table>			i. Accept for testing	<input type="checkbox"/> If accept, attach evidence of consent (e-mail, initial signature)	ii. Reject for testing	<input type="checkbox"/>
i. Accept for testing	<input type="checkbox"/> If accept, attach evidence of consent (e-mail, initial signature)					
ii. Reject for testing	<input type="checkbox"/>					
**Disclaimer statement indicating "the results may be affected by the deviation shall be included in the test report."						

Request of conformity to a specification or standard			Yes	No
Detail of specification or standard required (provided by customer):			<hr/> <hr/>	
Confidence Level: <input type="checkbox"/> 90% <input type="checkbox"/> 95% <input type="checkbox"/> 99%				
Proceed testing			Yes	No/Reject
Reason for rejection			Checked by:	
			<hr/> <hr/>	

Data Backup Location: _____ Date: _____



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SERIMBAN SCORING

FACULTY OF ENGINEERING

SAMPLE ID