



Material Characterization Laboratory (MCL)
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UPM/FK/ETS/
F3-MCL

Job Number
20__/_FK/ETS/MCL/J__

APPLICATION FOR TESTING SERVICES FORM

A. APPLICANT

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

B. SAMPLE/PRODUCT INFORMATION

Sample Name : (Fill the Sample ID form in Page 3)	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> Agreed by: _____ Customer's Signature Name: _____ Date: _____	Description of Samples : (weight, volume, size, expiry date, etc.) Boiling Point Temperature (°C): _____ Storage condition required : _____

C. COVENANT OF APPLICANT

By signing this form I take full responsibility for the payment of the services rendered.

Signature of applicant and official stamp: _____

Date : _____

D. TYPE OF PAYMENT

☐ **Vot No:** _____ - _____ (PTJ)
☐ **Cheque/Bank Draft/Postal Order**
(payable to BURSAR UPM)
☐ **Cash Receipt from Bendahari**
☐ **UPM Payment Gateway**
(Bayaran Perkhidmatan MCL KKA)

☐ **Local Order (LO)/Purchase Order (PO)**

Address to:
UNIVERSITI PUTRA MALAYSIA SERDANG
Pejabat Bursar, Bangunan Canselor Putra,
Aras 2, Universiti Putra Malaysia,
43400 Serdang, SELANGOR

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

2. Elemental Analysis

☐ AAS
Element: _____
☐ ICP-OES
Element: _____

3. Thermal Analysis

☐ DSC ☐ TGA ☐ CHN ☐ S

4. Imaging Analysis

☐ FESEM ☐ EDX ☐ i-RAMAN
☐ Light Microscope

5. Laser/X-ray Analysis

☐ Particle Size Analyzer ☐ XRD

6. Water Analysis (Testing will done at Environmental Engineering Lab)

<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	

7. Surface Area Analysis

☐ Surface area (B.E.T, Langmuir & Porosity)

DATE OF SAMPLE RECEIVED: _____

EXPECTED TIME OF COMPLETION (AGREED): _____

*Technical staff will contact for any changes

F. FOR LABORATORY USE: Sample Checklist (attach with detail supplement checklist if required)							
	Yes	No	Remarks (guide)		Yes	No	Remarks
Sample (Adequate)	<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: _____ _____		
Is the sample deviated from the specified condition in B?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, consult customer: i. Accept for testing ii. Reject for testing	<input type="checkbox"/> If accept, attach evidence of consent (e-mail, initial signature) <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 <input type="checkbox"/>	No <input type="checkbox"/>
Detail of specification or standard required (provided by customer): _____		
Confidence Level: <input type="checkbox"/> 90% <input type="checkbox"/> 95% <input type="checkbox"/> 99%		
Proceed testing	Yes <input type="checkbox"/>	No/Reject <input type="checkbox"/>
Reason for rejection _____ _____	Checked by: _____	

Data Backup Location: _____ Date: _____

