

	<b>TEST REQUEST FORM</b>	Page:	1 of 3
		Issue:	1.0
		Revision:	1.0
		Date:	19 SEPT 2021
		Document Number:	QF 02 04 7011

**Please complete this form: (FOR MiNT-SRC LAB USED ONLY)**

Job sequence:

### SECTION 1: COMPANY DETAILS

Company Name:	<input style="width: 690px; height: 20px;" type="text"/>
Customer Address:	<input style="width: 690px; height: 20px;" type="text"/>
Contact Person:	<input style="width: 690px; height: 20px;" type="text"/>
Designation:	<input style="width: 690px; height: 20px;" type="text"/>
Contact No:	<input style="width: 690px; height: 20px;" type="text"/>
Email:	<input style="width: 690px; height: 20px;" type="text"/>

### SECTION 2: SAMPLE DETAILS

Name of sample:	<input style="width: 690px; height: 20px;" type="text"/>
Type of Sample:	*Powder /solid/membrane /metal plate. If others, state:
Quantity of samples:	<input style="width: 690px; height: 20px;" type="text"/>
Sample size (non-powder):	Length : <input style="width: 150px;" type="text"/> (mm)      Thickness : <input style="width: 150px;" type="text"/> (mm) Width : <input style="width: 150px;" type="text"/> (mm) *Maximum: length x width = 2.5 cm x 2.5 cm. Preferred: 1.0 cm x 1.0 cm
Weight or volume (For powder):	<input style="width: 690px; height: 20px;" type="text"/> (*mg / g)
Characteristic of material:	*Magnetic sample: YES/NO
	*Conductive sample: YES/NO
	*Sample with porous structure: YES/ NO
	*Sample in dry condition: YES / NO
	*Sample is in aggregates: YES / NO
	*Sample is radioactive: YES / NO
Sample disposition:	<input type="checkbox"/> Collect by customer <input type="checkbox"/> Dispose by lab

### SECTION 3: TESTING REQUIREMENTS

Type of test :	(Please select type of test as applicable) <input type="checkbox"/> Static Contact Angle Test (SCA) <input type="checkbox"/> Surface Morphology Imaging (SMI or Field Emission-Scanning Electron Microscopy)
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	<b>TEST REQUEST FORM</b>	Page:	2 of 3
		Issue:	1.0
		Revision:	1.0
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Test Standard or method:

Non-Standard Test Method:

Special Instruction:  
(e.g. Magnification for FE-SEM)


#### SECTION 4: MEASUREMENT OF UNCERTAINTY REQUIREMENT (EXTRA CHARGES APPLIED)

☐ YES

☐ NO

#### SECTION 5: STATEMENT OF CONFORMITY (EXTRA CHARGES APPLIED)

☐ YES

☐ NO

If YES,

- i. Customer is required to provide specification or standard for the test
- ii. Customer is required to provide the decision rules
- iii. Other than that, decision rules will not be provided.

#### SECTION 6: APPLICANT DECLARATION

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge.

I have read and been informed about the content, requirements, and expectations of the testing MiNT-SRC LAB UTHM. I have received a copy of the terms and conditions\* and agree to accept all the policy guidelines as a condition of my request of test.

I understand that if I have questions, at any time, regarding the testing, I will consult immediately with the staff at MiNT-SRC LAB UTHM.

Agreed by

Signature: ..... Company stamp: .....

Print Name: .....

Position: .....

Date: .....

*\*Terms and condition: We will not be responsible for any damaged sample send to us during transportation.*

	<b>TEST REQUEST FORM</b>	Page:	3 of 3
		Issue:	1.0
		Revision:	1.0
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**SECTION 7: FOR MiNT-SRC LAB USED ONLY**

Capability to perform the test required: ☐ YES ☐ NO

If NO, state action to be taken : .....

Reviewed by

.....

Tester

Date: .....

.....

Approval for issuance of quotation:

☐ YES ( *please fill up QF404b – Quotation Request Form*)

☐ NO (State action to be taken): .....

Approved by

.....

Technical Manager

Date : .....