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		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 Address:	<div style="height: 20px;"></div>
Customer Name:	<div style="height: 20px;"></div>
Contact No:	<div style="height: 20px;"></div>
Designation:	<div style="height: 20px;"></div>
Email:	<div style="height: 20px;"></div>

SECTION 2: SAMPLE DETAILS

Type of Sample:	*Powder /solid/membrane /metal plate / others, state:
Quantity of samples:	<div style="height: 20px;"></div>
Sample size (non-powder):	<div style="display: flex; justify-content: space-between;"> <div>Length : _____ (mm)</div> <div>Thickness : _____ (mm)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Width : _____ (mm)</div> <div></div> </div>
	*Maximum: length x width = 2.5 cm x 2.5 cm. Preferred: 1.0 cm x 1.0 cm
Weight or volume (For powder):	<div style="height: 20px;"></div> (*mg / g)
Material of sample:	*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

SECTION 3: TESTING REQUIREMENTS

Type of test :	(Please select type of test as applicable) <input type="checkbox"/> Static Contact Angle Test (SDCA) <input type="checkbox"/> Surface Morphology Imaging (SMI or Field Emission-Scanning Electron Microscopy)
Test Standard or method:	<div style="height: 40px;"></div>
Non-Standard Test Method:	<div style="height: 40px;"></div>

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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 damage of sample send to us during transportation.*

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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 :