



# REQUEST FORM

POTENTIOSTAT GALVANOSTAT

Tel . 03-5544 4496 Fax: 03-5544 3870

Ionic Materials and Devices Research Lab (IMADE)

Institute of Science  
Universiti Teknologi MARA



## CUSTOMER INFORMATION

Date / Day : \_\_\_\_\_

Name of applicant : \_\_\_\_\_

Department/Institution : \_\_\_\_\_

Name of supervisor : \_\_\_\_\_

Research grant (if applicable) : \_\_\_\_\_

## SAMPLE INFORMATION

Sample ID : \_\_\_\_\_

Sample type : Please tick (  ) where appropriate.  
(  ) Powder (  ) Pellet (  ) Liquid (  ) Thin Film

Sample Material : \_\_\_\_\_

We hereby understand that if the material is corrosive then the liability will be our responsibility;

Signature of applicant:

Signature of supervisor:

.....  
( )

.....  
( )

## FOR LABORATORY USE ONLY

Remarks : \_\_\_\_\_

Date complete : \_\_\_\_\_

Done by : \_\_\_\_\_

Signature : \_\_\_\_\_