

Customer Information

Name of Applicant: Date:

Email & Contact Number:

Research Grant (if applicable): Signature of Applicant:

Signature & Stamp of Supervisor (if applicable):

Billing Address:

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Sample Information

Number of Sample:

Sample Code:	Sample Code:	Sample Code:	Sample Code:	Sample Code:
Expected % value: i) C:	Expected % value: i) C:	Expected % value: i) C:	Expected % value: i) C:	Expected % value: i) C:
ii) H:	ii) H:	ii) H:	ii) H:	ii) H:
iii) N:	iii) N:	iii) N:	iii) N:	iii) N:
iv) S:	iv) S:	iv) S:	iv) S:	iv) S:
Sample weight (mg):	Sample weight (mg):	Sample weight (mg):	Sample weight (mg):	Sample weight (mg):

*Sample weight must be between 2 mg - 3 mg.

*Sample must be in solid or powder form only.

FOR OFFICE USE ONLY

Date Completed :

Officer in Charge :

Remarks :