

**Customer Information**

Name of applicant:..... Date : .....

Email & Contact Number:.....

Signature of applicant: .....

Signature & Stamp of supervisor (if applicable):.....

Address:

.....  
.....  
.....

**Sample Information**

Number of sample : ..... (Please submit one form for every 3 samples)

**Sample Code:**.....

**Sample Code:**.....

**Sample Code:**.....

**Blank sample (solvent) :**

**Blank sample (solvent) :**

**Blank sample (solvent) :**

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.....

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**Method** (please tick where appropriate):

- Optical Rotation.*
- Specific Rotation.*

*Concentration* : .....

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- Specific Rotation.*

*Concentration* : .....

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- Optical Rotation.*
- Specific Rotation.*

*Concentration* : .....

**Expected Value** : .....

**Expected Value** : .....

**Expected Value** : .....

**FOR OFFICE USE ONLY**

*Date Completed:*

*Officer in Charge :*

*Remarks :*