

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 :

Method (please tick where appropriate):

- ☐ Optical Rotation.
- ☐ Specific Rotation.

Concentration :

Method (please tick where appropriate):

- ☐ Optical Rotation.
- ☐ Specific Rotation.

Concentration :

Expected Value :

Expected Value :

Expected Value :

FOR OFFICE USE ONLY

Date Completed:

Officer in Charge :

Remarks :