

LABORATORY ANALYSIS REQUEST FORM

DOC NO: CAIM/COE/001

EFFECTIVE DATE: 01 JULY 2023

CENTER FOR ADVANCED INTELLIGENT MATERIALS (PUSAT KECERDASAN BAHAN TERMAJU)

UNIVERSITI MALAYSIA PAHANG AL-SULTAN ABDULLAH, LEBUH PERSIARAN TUN KHALIL YAAKOB, 26300 KUANTAN PAHANG

Name	VOT Number												ANA	LYS	is i	REQ	UES	TE	D						
								Ī							T		T	T							
Student/Staff ID	Company/Institution			RS																					
Address					NUMBER OF CONTAINERS																				
					OF CO																				
Phone	Student's Email				MBER (
Student/Staff's Signature	Supervisor's Email				N																			PRICE/SAMPLE(RM)	
		SAM																							
SAMPLE DESCRIPTION	LAB ID	DATE	TIME															-							
Special Instructions/Comments:						Remarks:																TOTAL TESTING Total sample			
																							Total price		
Supervisor/Grant Owner Signature and official stamp	Director Signature and official stamp Signature an			Lab Analyst ad official stamp				Bursary UMP Signature and official stamp						UMPT Signature and official stamp							TRUST FUND CAIM				
Name	Name Name			r				Name						Name							No: PKB 3000				
Date/Time	Date/Time Date/Time							Date/Time													Status:				