



APPLICATION FOR TESTING SERVICES FORM

Revision No. : 2
Issue No. : 1
Effective Date : 24/09/2025

A. APPLICANT DETAILS

Name of Applicant : _____ Email : _____
Institution/Company Address : _____ Tel. No. : _____

B. PRODUCT / SAMPLE INFORMATION

Product/sample name:	_____	No. of product/sample:	_____
Describe the product/sample information, such as weight, volume, size, expiry date, or attach a brochure.			

Testing Requirements : Morphology Imaging of Solid Materials using FESEM
: Qualitative Determination of the Element from Beryllium to Uranium Periodic Table for Solid Materials (EDX)

Other Equipment (please ✓)

- | | | |
|---|--|--|
| <input type="checkbox"/> Surface Area Analyzer (BET) | <input type="checkbox"/> Universal Testing Machine | <input type="checkbox"/> Room Temperature 4 Point Probe |
| <input type="checkbox"/> TGA-DSC | <input type="checkbox"/> Rheometer | <input type="checkbox"/> Electrospinning Machine |
| <input type="checkbox"/> Nano Sizer @ DLS | <input type="checkbox"/> UV-Vis Spectrophotometer | <input type="checkbox"/> Ball Milling |
| <input type="checkbox"/> Vector Network Analyzer (VNA) | <input type="checkbox"/> Sputter Coater | <input type="checkbox"/> Screen Printing |
| <input type="checkbox"/> Benchtop XRD | <input type="checkbox"/> GC-FID / GC-TCD | <input type="checkbox"/> Furnace |
| <input type="checkbox"/> XRD Powder | <input type="checkbox"/> Multimode Microplate Reader | <input type="checkbox"/> Gas Sensing Measurement System |
| <input type="checkbox"/> XRD Thin Film / Bulk / SAXS / Tube capillary | <input type="checkbox"/> Confocal RAMAN Spectroscopy *(Laser: 488/532/633nm) | <input type="checkbox"/> Membrane Crossflow Filtration Test System |

C. COVENANT OF APPLICANT / PAYEE / SUPERVISOR

D. TYPE OF PAYMENT (for Internal Use)

I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.

Signature : _____
Name : _____
Designation/Position : _____
Date : _____

- Cheque / Bank Draft (payable to BENDAHARI)
- UPM Payment Gateway
- Purchase Order (PO)
- Vote Transfer No: _____
Current Balance: _____

E. CHECKLIST FOR TESTING APPLICATION (applicable for testing sections)

	Yes	No	Remark		Yes	No	Remark
Sample (adequate)	<input type="checkbox"/>	<input type="checkbox"/>	(weight, volume, size, etc)	Subcontract	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of sample (acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	(liquid/solid/gas/gel)	Toxicity / Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>		Proceed for conducting testing	<input type="checkbox"/>	<input type="checkbox"/>	Inform Customer Return Sample Others
Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>		Date of sample received:	_____		
Competence personnel	<input type="checkbox"/>	<input type="checkbox"/>		Expected time of completion (to be agreed):	_____		
Sample collection by customer	<input type="checkbox"/>	<input type="checkbox"/>		Note: The turnaround time will be mutually agreed upon with the customer and should normally not exceed 30 working days.			
Uncollected samples within 1 month will be disposed of by the laboratory.							
* All customer information is protected under ION2 policy							

Reviewed by:

(Technical Staff/Science Officer)

Name: _____

Date: _____

JOB NUMBER

_____/____/_____

APPENDIX

LIST OF SAMPLES

No	Sample Name	Sample ID (office use only)	Remarks	
			With EDX	EDX Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Remark:
Please specify other related requirement/parameter/
specification etc. below:

Quality Control Criteria for TM1 (office use only)

Criteria	Remark (Yes/No)
Charging effect	
Brightness	
Vibration	
Sharpness	

SOKONGAN KEWANGAN

PEJABAT BURSAR

Kod Dokumen: SOK/KEW/BR045/HSL



PELARASAN ANTARA PTJ (BAGI PERMOHONAN PERKHIDMATAN/BEKALAN SECARA MANUAL)

KEPADA : _____
 DARIPADA : Institut Nanosains dan Nanoteknologi (ION2) _____

NO SIRI: _____
 (Kod PTJ/Jabatan/Tahun/Bulan/Bil.)

NO. MINIT JKTK :

BIL.	TARIKH	PTJ MEMBERI PERKHIDMATAN	KOD PTJ	KETERANGAN BIL.	AMAUN (RM)	PTJ PENERIMA PERKHIDMATAN/BARANG (NAMA, ALAMAT & NO. TEL)
		ION2	13501	Sample testing services at Insitute of Nanoscience and Nanotechnology (ION2), UPM. Details are as follow: Equipment: Total no. of samples: Charge fee:		
JUMLAH (RM)						

***SILA PASTIKAN SEMUA MAKLUMAT PENERIMA PERKHIDMATAN/BARANG DIPEROLEHI DENGAN DOKUMEN SOKONGAN.**

****SILA PASTIKAN MAKLUMAT PADA BORANG INI DIISI DENGAN LENGKAP DAN DIHANTAR KE BPOB/SEKSYEN KEWANGAN PEMBAYARAN DALAM TEMPOH 5 HARI SELEPAS PERKHIDMATAN/BEKALAN DISEMPURNAKAN**

<p><u>PTJ YANG MEMBERI PERKHIDMATAN :-</u></p> <p>NAMA : _____</p> <p>TANDATANGAN : _____</p> <p>TARIKH: _____</p> <p>PTJ: _____</p> <p>NO.SAMB : _____</p> <p>VOT PERUNTUKKAN : _____</p>	<p><u>PTJ YANG MENERIMA PERKHIDMATAN :-</u></p> <p>NAMA PENERIMA : _____</p> <p>JAWATAN : _____</p> <p>PTJ : _____</p> <p>TARIKH : _____</p> <p>TANDATANGAN : _____</p>	<p><u>PENGESAHAN TERIMAAN DAN PERAKUAN PEMBAYARAN</u></p> <p>Disahkan bekalan/perkhidmatan/kerja telah diterima/dilaksanakan dengan baik dan diperakui untuk dibayar</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Tandatangan Pegawai & Cop</p> <p>Tarikh : _____</p> <p>Vot Peruntukkan : _____</p>
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NO. SEMAKAN : 04
 NO. ISU : 02
 TARIKH KUATKUASA : 24/12/2024