A. REVIEW OF REQUEST FORM

Job No: ICL/20 /

Requestor's Information				
Requestor's Name				
Company Name				
Company Address				
	Postcode		State	
Phone No.			Email	
Any Relationship with ICL Personnel	☐ Yes. State the relationship: _____ ☐ No			
Analysis Testing Details				
Analysis Required / Type of Analysis	☐ Powder Phase Analysis*	☐ Normal Scan* ☐ Low noise background scan* (small quantity sample)		
	☐ Thin Film	☐ Grazing Incidence Diffraction (GID) ☐ X-ray Reflectivity (XRR)		
	☐ Thin film *with High Resolution (HR) measurement*	☐ Rocking Curve (RC) ☐ Double-Axis/Triple-Axis HRXRD ☐ Standard Range ☐ Extended Range ☐ Reciprocal Space Mapping (RSM) ☐ Normal Scan ☐ Ultra Fine Scan		
	Note: *SAMM Accredited			
Other information about the sample *(e.g., sample stability/temperature)*				
Test Parameter	☐ Degree increments: _____ **If not stated, ICL will choose according to the requirement from test method/standard.*			
Test Result				
Sample Details *(Please fill in Appendix)* **shall be delivered in sealed sample container individually and labelled*				
Sample Name				
Sample Dimension				
Type of Sample	☐ Powder (min = 1ml)		☐ Thin Film (min = 10mm x 10mm)	
Number of Sample (max = 10 pcs)				
Disposal	☐ Dispose	☐ Self-collect	☐ Will be posted with the test report	
Payment				
☐ Full and advance payment		☐ Agreed period payment between two parties Date:		
Declaration				
I, hereby, understand the ICL objective and declare that all information and/or statement is given in this form are correct to my knowledge.				
Name		**Requestor's Signature:**		
Date				

**SAMPLES ARE TESTED AS RECEIVED FROM REQUESTOR*

Reviewed by:

_____
Date:

Approved by:

_____
Date:

Disclaimer: Result will be release upon payment confirmation and customer feedback form received.

Acceptance of Results

Collected by: Date:

APPENDIX

No.	Sample Name	No. of Sample (max = 10 pcs)	Remarks

For Internal Use

B. CHECKLIST FOR REVIEW OF TESTING

1.	Sample Volume **for powder only*	
	☐ Adequate ☐ Not Adequate	Remarks:
2.	Condition of Samples ***(Sample are Tested as Received from Requestor)***	
	☐ Acceptable ☐ Not Acceptable	Remarks:
3.	Standard Method specified in the application can be followed	
	☐ Yes ☐ No	Remarks:
4.	Availability of Equipment	
	☐ Available ☐ Not Available	Remarks:
5.	Payment	
	☐ Full and advance payment ☐ Agreed period payment between two parties *Noted: with approval Technical/ Quality Manager*	Remarks:
6.	Proceed to conduct testing: ☐ Yes ☐ No	
	If YES: ☐ Inform Customer ☐ Return Sample ☐ Issue a non-conformity ☐ Others	Remarks:
	If NO: ☐ Inform Customer ☐ Return Sample ☐ Issue a non-conformity ☐ Others	Remarks:
7.	Test Report	
	☐ SAMM Logo ☐ No SAMM Logo	Remarks:
8.	Technical Analyst In-Charge:	

Reviewed by:

_____

Date:

Approved by:

_____

Date: