TEST REQUEST FORM
TEST@INFORMM

TEST NO:

CUSTOMER INFORMATION

Name : ……

Organization : ……

Address : ……

……

……

Phone No. : …… Fax. No:……

Email : ……

Supervisor name: ……

Payment Term (Please Tick):

☐ PO (PO No. : ……)

☐ Cheque (Cheque No. : .....)

☐ Cash (Resit No. : .....)

Test Report Requirements : ☐ Full Report ☐ Raw Data
(Accredited 20-100nm)

Submission of test report : ☐ By hand ☐ Mail ☐ Others:

*Any method which is outdated from NIST Special Publication 1200-6 and out of scope 20-100nm will not be reported with SAMM Logo

*Statement of statement of conformity & decision rules are not applied in reporting.

Verified by (Sender)

.....

Name:
Date:
Time:

Received by (Staff)

……

Name:
Date:
Time:

Sample Name	Physical Appearance (Clear/ turbid/Opaque)	Type of testing (Size/Potential/ Size+Potential/ Autotitration)	Type of Material (eg. Cellulose)	Type of Dispersant/ solvent (eg. Water)	Refractive Index (RI)		Sample ID **(Office use)**	Expected Sample Size (Nano/Micron) Range from **6nm-6µm**
					Sample	Dispersant/ solvent		

Remarks:_____

Sample Storage
- ○ Room temp
- ○ Chilled
- ○ Frozen

Remainder of the sample
- ○ To be returned in 7 working days
- ○ To be discarded

*****Additional Information for Autotitration**

pH Interval : _____ to _____
pH Increment : _____
Acid used/conc. : _____
Base used/conc. : _____
Please state the pH condition when you want to measure the **zetapotential

FOR OFFICE USE

Acceptance For Testing

Accepted	
Rejected	
KIV	

Approved By Signatory

……
Name:
Date:

Assigned To:

……
Name:

***I do not have any conflict of interest towards the customer and/or testing**