A. REVIEW OF REQUEST FORM

Job No: ICL/20 _ _ /_ _
Cert No: ICL/25/_____

Requestor's Information		
Requestor's Name		
Company Name		
Company Address		
	Postcode:	State:
Phone No.		Email:

Requestor's Information				
☐ INOR Supervision	☐ INOR Co-Supervision	☐ Other USM School	☐ IPTA/IPTS	☐ Industry

Analysis Testing Details	
☐ Phase Analysis* ☐ Normal Scan* ☐ Low noise background scan* (small quantity sample)	**Note: *Available with SAMM Accredited** **ISO 17025:** ☐ Yes ☐ No
☐ Grazing Incidence Diffraction (GID) ☐ X-Ray Reflectivity (XRR)	
☐ 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	
Other information about the sample *(e.g., sample stability/temperature)*	
Measurement Parameter (other than ISO 17025)	
Consultation Required	☐ Yes ☐ No

Sample Details *(Please fill in Appendix)* **shall be delivered in sealed sample container individually and labelled*		
Hazardous (e.g: radiation, poison & etc)	☐ Yes Details: _____	☐ No
Sample Dimension		
Type of Sample	☐ Powder (min = 1ml)	☐ Thin Film (min = 10mm x 10mm)
Number of Sample (max = 10 pcs)		
Sample Disposal	☐ Dispose ☐ Self-collect	☐ Return with report

Payment Method	
☐ 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.	
Requestor's Signature:	**Supervisor Signature & stamp:** **(if applicable)**

**SAMPLES ARE TESTED AS RECEIVED FROM REQUESTOR*
**ISO 17025 Test method using Phase Analysis; range 10° - 90°, increment: 0.02, time/step: 0.3*

List of Samples

No.	Sample Name/Code	Remarks
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

For ICL office use only

Reviewed by:

Technical Analyst

Approved by:

Operational Manager

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 Laboratory Manager*	Remarks:
6.	Proceed to conduct testing: ☐ Yes ☐ No	
	If YES: ☐ Inform Customer ☐ 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: Cik Aminah Shuhada Binti	

Reviewed by:

_____

Technical Analyst

Date:

Approved by:

_____

Operational Manager

Date: