

REVIEW OF REQUEST

INOR CHARACTERIZATION LAB (ICL)

ICL
QRF 004

Issue No.: 1
Revision: 00
Effective date: March 31, 2022



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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		<input type="checkbox"/> Yes. State the relationship: _____ <input type="checkbox"/> No	
Analysis Testing Details			
Analysis Required / Type of Analysis	<input type="checkbox"/> Powder Phase Analysis*	<input type="checkbox"/> Normal Scan* <input type="checkbox"/> Low noise background scan* (small quantity sample)	
	<input type="checkbox"/> Thin Film	<input type="checkbox"/> Grazing Incidence Diffraction (GID) <input type="checkbox"/> X-ray Reflectivity (XRR)	
	<input type="checkbox"/> Thin film with High Resolution (HR) measurement	<input type="checkbox"/> Rocking Curve (RC) <input type="checkbox"/> Double-Axis/Triple-Axis HRXRD <input type="checkbox"/> Standard Range <input type="checkbox"/> Extended Range <input type="checkbox"/> Reciprocal Space Mapping (RSM) <input type="checkbox"/> Normal Scan <input type="checkbox"/> Ultra Fine Scan	
	Note: *SAMM Accredited		
Other information about the sample (e.g., sample stability/temperature)			
Test Parameter		<input type="checkbox"/> Degree increments: _____ <i>*If not stated, ICL will choose according to the requirement from test method/standard.</i>	
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	<input type="checkbox"/> Powder (min = 1ml)	<input type="checkbox"/> Thin Film (min = 10mm x 10mm)	
Number of Sample (max = 10 pcs)			
Disposal	<input type="checkbox"/> Dispose	<input type="checkbox"/> Self-collect	<input type="checkbox"/> Will be posted with the test report
Payment			
<input type="checkbox"/> Full and advance payment		<input type="checkbox"/> 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:

[illegible]

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For Internal Use

B. CHECKLIST FOR REVIEW OF TESTING

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