

Optical Polarizing Microscopy (OPM)	Document No.: SBMDC/Services/OPM Revision No.: 3 14/03/2024
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SECTION A: REQUESTOR'S INFORMATION

Submitter: _____ Contact Number: _____

E-mail Address: _____

Institution/Company: _____

Address: _____

SECTION B: SAMPLE INFORMATION

Please tick the relevant box:

- Storage Condition: Ambient Others (Please specify): _____
- Relevant safety/handling information for hazardous samples: _____
- Sample Disposal: Return sample after analysis Discard sample after analysis

Sample ID (Maximum 8 characters)	Scanning Rate (°C/min) <small>*Feasible scan rate: 0.01°C/min to 50°C/min</small>	Temp. Range (°C) <small>*Feasible temp. range: -196 to 420 °C</small>	Sampling time (1s to 1 min), cycle	Start Time	End Time
				(For internal use only)	

SECTION C: DECLARATION

I hereby agree to make payment for the charges incurred from the sample analysis performed.

Authorised Personnel: _____

Signature and Stamp: _____ Date: _____

Company Registration No.: _____

Institution Account No./Grant No.: _____

Mode of Payment: PO Number: _____ Others (Please specify): _____

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SECTION D: APPROVAL BY HEAD

Approved Rejected

Signature and Official Stamp: _____ Date: _____

Special Instruction:

SECTION E: ANALYSIS DETAILS (FOR INTERNAL USE ONLY)

Date of Measurement		Reference No/File Code	
Total Analysis Cost (RM)		Remark/Objective Magnification:	