Optical Polarizing Microscopy (OPM)	**Document No.: SBMDC/Services/OPM** **Revision No.: 3** **14/03/2024**

SECTION A: REQUESTOR'S INFORMATION

Submitter: Contact Number:

E-mail Address:

Institution/Company:

Address:

SECTION B: SAMPLE INFORMATION

Please tick ☑ the relevant box:

1. Storage Condition: ☐ Ambient ☐ Others (Please specify):
2. Relevant safety/handling information for hazardous samples:
3. Sample Disposal: ☐ Return sample after analysis ☐ Discard sample after analysis

Sample ID (Maximum 8 characters)	Scanning Rate (°C/min) *Feasible scan rate: 0.01°C/min to 50°C/min	Temp. Range (°C) *Feasible temp. range: -196 to 420 °C	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:	