CHN Elemental Analysis (CHN)	**Document No.: SBMDC/Services/CHN** **Revision No.: 2** **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

No.	Sample		Weight (mg)*	Experimental CHN values*		
				%C	%H	%N
1	ID					
	MF					
2	ID					
	MF					
3	ID					
	MF					
4	ID					
	MF					
5	ID					
	MF					

Abbreviation: ID - Sample ID (maximum 8 characters); MF - Molecular Formula
*Leave column blank. For office 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.:

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Institution Account No./Grant No.:

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

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:	