



**Universiti Sains Malaysia,**  
**1 1800 Minden, Penang, Malaysia...**  
**Tel: (604) 659 5605**  
**Fax: (604) 656 9869**

**Analysis Request Form**

Please complete all sections of this form and return to the Centre as soon as possible. Completed forms must be received no later than 14 days prior to the event.  
**PLEASE USE BLOCK LETTERS**

Name: ..... Organisation .....

Address: .....

Tel No: ..... Fax No: ..... E-mail: .....

Title of Event: .....

Venue: ..... Date: .....

No of Samples Expected: ..... Date of Arrival: .....

Turnaround time     2 weeks     1 week     48 hours

Nature of test:     Competition     Out of Competition     Others.....  
*Please specify*

**Results to be sent to:**

Name: .....

Address: .....

Tel: ..... Fax: .....

E-mail:.....

**Invoice to be sent to:**

Name: .....

Address: .....

Tel: ..... Fax: .....

E-mail:.....

**If sampling kits are required, they are to be sent to:**

Name: .....

Address: .....

**Special Instructions:**

.....

.....

.....

**All transportation charges for the above sampling kits must be borne by the customer**

Courier     Surface     Others \_\_\_\_\_  
*Please specify*

Signature: ..... Designation: .....

Date: .....

**FOR OFFICE USE ONLY**

Received by: .....Ref No: .....Date: .....

How:    Fax     Phone     E-mail     Letter     Hand delivered

Confirmation Date: ..... DCC No: .....