



**UPM**  
UNIVERSITI PUTRA MALAYSIA  
BERILMU BERBAKTI

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**APPLICATION  
FOR TESTING  
SERVICES  
FORM**

**F 3**

**ATTENTION**

- Biology Molecule and Bioinformatic Lab (BMB), Level 5, Block B
- Pharmacotherapeutic Lab (PTL), Level 6, Block C
- Medical Genetic Lab (MGL), Level 6, Block B
- Stem Cell Research Lab (SCRL), Level 7, Block D
- Environmental Health Lab (ENV), Level 6, Block C

**APPLICANT**

Name of Company/Organization : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Tel. No. (Office and H/P) : \_\_\_\_\_  
 Fax No. : \_\_\_\_\_  
 Submission of test report :  Collect  Mail  Others: .....

**PRODUCT INFORMATION\***

Product Name : \_\_\_\_\_  
 Brand/Model/Serial No./Marking: \_\_\_\_\_  
 No. of Product/Sample : \_\_\_\_\_  
 Manufacturer's Name : \_\_\_\_\_  
 and Address \_\_\_\_\_  
 Other product information relevant for the application (weight, volume, size, expiry date, brochure etc.):

Testing and Test Report : .....  
 Requirements .....  
 .....

Purpose of Testing : Certification/Safety/Research/Others:

*\* Use appendix if required  
 \* Choose where applicable*

**COVENANT OF APPLICANT**

I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.

Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 I/C No. : \_\_\_\_\_  
 Designation/Position : \_\_\_\_\_  
 Date : \_\_\_\_\_

After testing, sample will be:

- Collected Date: .....
- Disposed Charge: RM .....

**FOR INTERNAL USE**

TYPE OF PAYMENT	PAYMENT	JOB NO
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Bank Draft/Postal Order (payable to BENDAHARI UPM) <input type="checkbox"/> Vote (No. ....)	Amount (RM): Receipt No: Invoice No: <b>Received by:</b> _____ Name: Date:	

# CHECKLIST FOR TESTING APPLICATION

## APPLICABLE TO TESTING SECTIONS

1. Sample  Adequate  Not adequate  
Remarks:
  
2. Condition of sample  Acceptable  Not acceptable  
Remarks:
  
3. Method specified in application form can be followed  Yes  No  
Remarks:
  
4. Equipment if not available, any equivalent method  Available  Not available  
Remarks:
  
5. Availability of competent personnel to carry out test  Yes  No  
Remarks:
  
6. Others/Subcontract\*:
  
7. Proceed to conducting testing  Yes  No  

<p>If yes, <input type="checkbox"/> Inform customer <input type="checkbox"/> Others : Remarks:</p>	<p>If no, <input type="checkbox"/> Inform customer <input type="checkbox"/> Return sample <input type="checkbox"/> Others : Remarks:</p>
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Reviewed by:

.....

(Technical Manager/Lab Coordinator/Science officer)

Date:

