

REQUEST FORM FOR HRTEM ANALYSIS

SERC MECHANICAL TESTING LABORATORY (SMTL)

SMTL QRF
004B

Issue No.: 1
Revision: 0
Effective date: Jan 26, 2023



Page: 1 of 3

A. REQUEST FORM

Job No: QTEM _____ / _____

APPLICANT'S INFORMATION			
Applicant Name			
Company Name			
Company Address			Postcode
Phone No.			Email
Any Relationship with SERC Personnel	<input type="checkbox"/> Yes, please state the relationship: _____ <input type="checkbox"/> No		
ANALYSIS DETAILS			
Equipment Required	<input type="checkbox"/> 200kV HRTEM	<input type="checkbox"/> Others: _____	
Type of Analysis	<input type="checkbox"/> HRTEM imaging (Bright/dark field) <input type="checkbox"/> STEM imaging <input type="checkbox"/> EDX/EDS analysis	<input type="checkbox"/> Electron diffraction (SAED/CBED) <input type="checkbox"/> Others: _____	
Sample Preparation	<input type="checkbox"/> Powder/liquid sample preparation <input type="checkbox"/> Room temperature ultramicrotomy <input type="checkbox"/> Cryo-temperature ultramicrotomy	<input type="checkbox"/> Staining procedure: _____ <input type="checkbox"/> Ion polishing (PIPS) <input type="checkbox"/> Others: _____	
Analysis Results	<input type="checkbox"/> HRTEM Images <input type="checkbox"/> Lattice fringes <input type="checkbox"/> EDX point/mapping/line scanning		
Analysis Report	<input type="checkbox"/> Required or <input type="checkbox"/> Not required (result only)		
SAMPLE DETAILS <i>(Please fill in Appendix if you have more than 1 sample)</i>			
Number of samples			
Sample Name			
Type of materials			
Sample Preparation			
Sample Properties	<input type="checkbox"/> Magnetic (Fe, Ni, Co) <input type="checkbox"/> Radioactive <input type="checkbox"/> Toxic <input type="checkbox"/> Pathogenic <input type="checkbox"/> None		
Disposal	<input type="checkbox"/> Self-collect	<input type="checkbox"/> Will be posted with the test report	
PAYMENT			
<input type="checkbox"/> Full and advance payment		<input type="checkbox"/> Agreed period payment between two parties	
		Date: _____	
DECLARATION			
I, hereby, understand the SMTL objective and declare that all information and/or statement given in this form are correct to my knowledge.			
Name			Applicant's
Date			Signature:

Reviewed by:

Approved by:

_____ Date:

_____ Date:

Disclaimer: Result release upon payment confirmation and customer feedback form received.

Acceptance of Results Collected by:

Date:

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Page: 3 of 3

FOR INTERNAL USE

B. REVIEW OF REQUEST FORM

Job No: QTEM _____ / _____

1.	Sample amount <input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate	Remarks:
2.	Sample condition <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	Remarks:
3.	Sample preparation can be done <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
4.	Sample analysis can be done <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
4.	Availability of Equipment <input type="checkbox"/> Available <input type="checkbox"/> Not Available	Remarks:
5.	Payment <input type="checkbox"/> Full and advance payment (PO, Cheque, receipt) <input type="checkbox"/> Agreed period payment between two parties Note: With Research Officer approval	Remarks:
6.	Proceed to conduct testing: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: <input type="checkbox"/> Inform Customer <input type="checkbox"/> Issue a non-conformity <input type="checkbox"/> Return Sample <input type="checkbox"/> Others If NO: <input type="checkbox"/> Inform Customer <input type="checkbox"/> Issue a non-conformity <input type="checkbox"/> Return Sample <input type="checkbox"/> Others	Remarks:
7.	Test Report <input type="checkbox"/> Required <input type="checkbox"/> Not required (result only)	Remarks:
8.	Technical Analyst in Charge:	

Reviewed by:

Approved by:

Date:

Date: