



# Department of Materials Science and Engineering

University of Moratuwa

Test No :-

## Service Request form for Analytical Services - Use SEPARATE FORM for each test

(for Services within UOM)

### 1 Details of the Applicant

- I. Name :- .....
- II. Institution :- .....
- III. Department :- .....
- IV. Requested Service:- .....
- V. Contact No:- ..... E-Mail Address:- .....

\* Please attach a write-up indicating the purpose of each test requested.  
 \*\* The requested services will be provided after the approval of the expert panel. This may take at least a weeks time.  
 \*\*\* You may be called for an online discussion by the expert panel, if required

### For Research Students

- I. Level of Your research :- Undergraduate  Postgraduate
- II. Name & signature of the supervisor :- .....
- III. Head of the Department of the Student :- .....
- Name :- ..... Signature .....

### Details of the Sample

- I. Required Analyzis :- FTIR  DTA/TG  SEM  XRD  Optical Microscope
- II. Sample Name With details :- .....
- III. No. of Samples :- .....
- IV. Details of test parameters :- .....
- .....
- Signature of Applicant ..... Date .....

### Recommendation by Expert Panel

Test	Recommendation	Name of the Chair/Member of the panel	Signature
FTIR	Recommended/ Not Recommended		
DTA/TG	Recommended/ Not Recommended		
SEM	Recommended/ Not Recommended		
XRD	Recommended/ Not Recommended		
Optical Microscope	Recommended/ Not Recommended		

### Approval from the Head/Department of Materials Science and Engineering

Approved  Not Approved

- I. Remarks :- .....
- .....
- Signature ..... Date .....

### To be Filled By Technical Officer/Lab In Charge

- I. Date of the test :-..... Time Duration From :-..... To :-.....
- II. Details of tests carried out :- .....
- .....
- III. Name and Signature of the Technical officer :-.....
- IV. Name and Signature of the Lab In charge :-.....