

Requisition Form for Sieves Analysis

Applicant Contact Details	
Applicant Name:	Date:
Email:	phone:
Master student <input type="checkbox"/> PhD student <input type="checkbox"/> PhD holder <input type="checkbox"/> Other <input type="checkbox"/>	Institution/Organization:
Sample Information	
Sample ID: (This item is filled by nano-center staff)	Material Type & Name:
Sample State: Solid <input type="checkbox"/> Film <input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Other <input type="checkbox"/> : _____	
Hazards & Risks: Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Acute toxicity <input type="checkbox"/> Light sensitive <input type="checkbox"/> Carcinogen <input type="checkbox"/> Corrosive <input type="checkbox"/> Oxidizing <input type="checkbox"/> Skin sensitizer <input type="checkbox"/> Eye irritation <input type="checkbox"/> Respiratory sensitizer <input type="checkbox"/> Dangerous to the environment <input type="checkbox"/> Other <input type="checkbox"/> : _____	
Storage condition of sample:	
Sample handling precautions:	
Recommended disposal method for sample:	
Any additional information or instructions regarding your sample:	
Information required for the experiment	
The expected particle size range of the sample: (mm) - (mm)/(μm)	
Vibration Time: (min)	Amplitude: (mm)
Number of Sieves:	Cycle:
Minimum sieve size required: (Note: min size available 20 μm)	
I agree that any information provided in this document is correct. I understand that I will be held responsible for any damages arising from incorrect information provided by me.	
Applicant Signature:	Date:
Sample is processed by:	Date:
Obtained results will be emailed to the applicant within 7 to 10 working days from receiving samples at nano-center. Samples will be disposed of after 10 days of sending the results, if not retrieved by the applicant.	