

REQUEST FORM
Antimicrobial / Antifungal Activity Screening Service
 Microbial Culture Collection Unit (UNiCC)
 Institute of Bioscience, Universiti Putra Malaysia
Contact : 603-8947 2178

NAME		<p>By signing this form, I take full responsibility for the payment of services rendered :</p> <p>..... (SUPERVISOR'S SIGNATURE & OFFICIAL STAMP)</p>
FACULTY/COMPANY		
FULL ADDRESS		
TEL/E-MAIL		
MODE OF PAYMENT		
VOTE NO. (UPM ONLY)		
DATE		

* Please note that the service **will not** be given if the information required is not complete.

TYPE OF TEST	Antimicrobial / antifungal screening	
	MIC determination	

SAMPLE INFORMATION

NO.	SAMPLE NAME	SHORT DESCRIPTION OF SAMPLE (S)	* SOLVENT USED

TOTAL REACTION (S) :

RECEIVED BY :

*NOTE : Dissolve sample(s) in suitable solvent at 100mg/ml. Make sure the solvent used DOES NOT interfere with sample's antimicrobial/antifungal activities. Please provide 1ml of solvent used to dissolve sample(s) as negative control for the test(s).

.....
(CLIENT'S SIGNATURE)

DATE OF RUN :

DATE ANALYSIS COMPLETE :

Terms of Reference :

1. Sample(s) will only be processed when all terms stated above are fulfilled.
2. Applicant(s) must complete and submit this Request Form to UNiCC office prior to any service(s) given.
3. UNiCC bears no responsibility for loss or damage of samples after job completion.
4. Samples containing hazardous materials (infective organisms, radioactive substances, highly toxic materials, etc.) MUST NOT be brought into UNiCC, unless specifically authorized and with proper containment.