



**INSTITUT KESELAMATAN DAN KESIHATAN PEKERJAAN NEGARA**  
 NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH  
**BORANG PERMOHONAN ANALISIS BIOLOGI**  
 REQUEST FOR BIOLOGICAL ANALYSIS FORM

TEL : 03 – 8769 2218 FAX : 03 – 8926 9842 URL : www.niosh.com.my



Arahan : Sila isi bahagian **A** dan **B** SAHAJA dengan lengkap  
 Instruction: Please fill in section **A** and **B** ONLY completely.

**BIOLOGI**  
 BIOLOGICAL

**A) BUTIRAN PEMOHON**  
 APPLICANT DETAILS

Nama : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Syarikat : \_\_\_\_\_  
 Company : \_\_\_\_\_

No. Telefon : \_\_\_\_\_  
 Telephone No. : \_\_\_\_\_  
 No. Faks : \_\_\_\_\_  
 Fax No. : \_\_\_\_\_  
 Tandatangan : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Tarikh : \_\_\_\_\_  
 Date : \_\_\_\_\_

**B) BUTIRAN KEPERLUAN UJIKAJI**  
 TESTING REQUIREMENTS DETAILS

NO. NO.	NAMA SAMPEL SAMPLE NAME	ID SAMPEL SAMPLE ID	KILANG/ HOSPITAL FACTORY/ HOSPITAL	JENIS SPESIMEN (URIN, DARAH) NATURE OF SPECIMENS (URINE, BLOOD)	PARAMETER PARAMETER	CATATAN REMARKS

**C) UNTUK KEGUNAAN PENTADBIRAN SAHAJA**  
 FOR ADMINISTRATION USE ONLY

**Pendaftaran Sampel**  
 Sample Registration

Tarikh : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 No. IHAL : 

0	3	-	0	6	/	1	3	/	2	0	1	/			
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 IHAL No. : \_\_\_\_\_  
 Diterima oleh : \_\_\_\_\_  
 Received by : \_\_\_\_\_  
 Disahkan oleh : \_\_\_\_\_  
 Approved by : \_\_\_\_\_

**Penyelesaian Analisis**  
 Completion of Analysis

Tarikh : \_\_\_\_\_  
 Date : \_\_\_\_\_

**Info Penghantaran Keputusan**  
 Result Delivery Info

Dihantar oleh : \_\_\_\_\_  
 Sent by : \_\_\_\_\_

Penganalisa  
Analyst

: \_\_\_\_\_

Tarikh  
Date

:

E-mel

Faks

Kurier

Lain-lain

Kaedah  
Method

:

*E-mail*

*Fax*

*Courier*

*Others*

-

(Sila nyatakan)  
(Please specify)