



Date:	/ / (dd/mm/yyyy)				
Name:		Group:	A	B	C D No
Leader:		Supervisor:			
Tel. No:		E-mail:			

Description: (Please be specific)			
Instrument Model:		PR# Number:	
Manufacturer:		Other tools:	

Describe the Function of Device:

Others necessary accessories:	
<input type="checkbox"/> Instrument Menu	<input type="checkbox"/> Manuscript (Paper)
<input type="checkbox"/> Project description (ppt)	<input type="checkbox"/> Project description (doc)
<input type="checkbox"/> Instrument intro (doc)	<input type="checkbox"/> Instrument intro (ppt)
<input type="checkbox"/> Others:	

Leader Signature: _____ **Date:** _____ / _____ / _____

For Office only

Date of receipt: _____ **Examiner:** _____

**To _____: Please be prepared to the operation examination of _____
(Instrument name) on _____ (dd/mm/yyyy), and the examiner is _____.**

To _____: Please be prepared to the operation examination of _____ (Instrument name) on _____ (dd/mm/yyyy), and the examiner is _____.