



**PUSAT PENGURUSAN MAKMAL  
UNIVERSITI (PPMU)**

Form Num.	UURL/F/20
Revision No.	1/2023
Effective Date	01/02/2023
Equipment	CD SPECTROMETER
Sample Serial No.	

**MOLECULAR SPECTROSCOPY LABORATORY  
SAMPLE SUBMISSION FORM**

**General Rules and Requirements:**

- All information provided should be true
- Booking will be notified/updated by email or phone call
- Booking procedure
  - Complete the application form including valid research vote number
  - Submit the completed application form to UURL Sample Acceptance Counter
  - Fast Lane is offered to non-UTM customers with an additional 50% charge from the normal price**
- Sample Condition & Preparation
  - PPMU has the right to cancel any analysis if the sample is suspected to have a high risk on the safety of the operator or can cause damage to the instrument during the analysis. The cost of damages will be borne by the customer.**
  - The remaining samples will be disposed of within a month after analysis is completed.**
  - Samples submitted should be non-hazardous, non-toxic, and nonpathogenic. No radioactive or microbial samples are allowed.
  - Compulsory to attach the journals/standard methods/relevant technical reports referred to with this form.
  - Applicant(s) are required to retrieve all the samples after analysis.
- All inquiries regarding **CD spectrometer** should be forwarded to the Assistant Science Officer, Nurhariani binti Jamhari (email: [nurhariani@utm.my](mailto:nurhariani@utm.my), tel.: 07-5557729) or visit our website at [ppmu.utm.my](http://ppmu.utm.my).

**1. APPLICANT'S PERSONAL PARTICULARS**

Name of Applicant								
Status of Applicant	<input type="checkbox"/>	Undergraduates	<input type="checkbox"/>	Master	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Researcher
Student Matric No.								
Faculty/ Department								
Hand Phone No. & Email								

**2. SUPERVISOR DETAILS (for internal applicant and academic institution only)**

Name of Supervisor										
Staff ID No.										
Faculty/Department										
Hand Phone No.										
Email										
Mode of Payment	<input type="checkbox"/>	Cash	<input type="checkbox"/>	EFT	<input type="checkbox"/>	Log card	<input type="checkbox"/>	Invoice	<input type="checkbox"/>	Fast Lane
*Payment using invoice	Research Vot No. (e.g.: QJ091600.24C3.01D32)									
	Balance of V29000									
Signature & Official Stamp	*A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities									

**3. SAMPLE INFORMATION**

Name of Sample										
Sample ID										
Range of Wavelength (nm) (Min 175 nm & Max 800 nm)	Low: _____	High: _____	Step: _____							
Signal	<input type="checkbox"/>	CD	<input type="checkbox"/>	Absorbance						
Name of Solvent										
Temperature (°C) (20°C - 25°C)										
Temperature Ramping (°C) (Fill in if needed, 20°C - 95°C)	Start: _____	Stop: _____	Step: _____							
Essential Parameter (Fill in if there's information/ tick if not known)	<input type="checkbox"/>	Molecular Mass (Da)	<input type="checkbox"/>	Concentration (mg/ml)	<input type="checkbox"/>	No. Amino Acid	<input type="checkbox"/>	Path length		