



**PUSAT PENGURUSAN MAKMAL  
UNIVERSITI (PPMU)**

Form Num.	UIRL/F/130
Version	1/2023
Effective Date	01/02/2023
Equipment	CENTRIFUGE
Sample Serial No.	UIRL/

**SAMPLE PREPARATION LABORATORY  
SAMPLE SUBMISSION FORM**

**General Rules and Requirements:**

- All information provided should be true.
- Booking will be notified/updated by email.
- Booking procedure
  - Complete the application form including a valid research vote number.
  - Submit the complete application form to UIRL 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.**
- The instrument maximum speed is 12000 rpm
- All enquiries regarding **CENTRIFUGE** should be forwarded to the Science Officer (Mrs Norzubaidha Ismail, email: [norzubaidha@utm.my](mailto:norzubaidha@utm.my)) or Assistant Engineer, Mr Amirul Amin Khir Anuar, email: [amirulamin@utm.my](mailto:amirulamin@utm.my), tel:07-5557720) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Undergraduates</b>		<b>Master</b>		<b>PhD</b>		<b>Research</b>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Cash</b>		<b>EFT</b>		<b>Log card</b>		<b>Invoice</b>		<b>Fast Lane</b>
Payment using Invoice	Research Vot No. (e.g.: Q.J091600.24C3.01D32)								
	Balance of V29000								
Signature & Official Stamp	*A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities								
3. SAMPLE & ANALYSIS INFORMATION									
No. of Sample									
Name of Sample									
Sample Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Toxic</b>		<b>Carcinogenic</b>		<b>Normal</b>				
Solvent Used									
Temperature (°C)									
Speed (rpm)									
Total time (min @ hour)									