



PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)

Form Num.	UURL/F/26
Revision No.	1/2023
Effective Date	01/02/2023
Equipment	GCMS QP2010
Sample Serial No.	

ADVANCED MASS SPECTROMETRY LABORATORY
SAMPLE SUBMISSION FORM

General Rules and Requirements:

- All information provided should be true
- Booking will be notified/updated by email or phone.
- 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 to 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.
 - Sample that can be analyzed by GCMS QP2010 is an Organic Compound having a mass of up to 1090 m/z, can be evaporated at a temperature of 330 °C or less and is thermally stable, i.e. not decomposed by heating.
 - Water samples and water soluble compounds will not be accepted.
 - The remaining samples will be disposed of within a month after the analysis is completed.
 - References in the form of journals / standard methods / relevant technical reports should be attached to ensure compatibility with the instrument.
- All inquiries regarding Gas Chromatography & Mass Spectrometry (GCMS) should be forwarded to the Science Officer Mdm. Nor Fadilah Binti Mohamad Nasir (email: nfadilah@utm.my, tel: 07-5557729/57718) or visit our website at 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										
No. of Samples & Labels										
Name of Sample										
Polarity of Sample	<input type="checkbox"/>	Non Polar	<input type="checkbox"/>	Mid Polar	<input type="checkbox"/>	Polar				
Name & Boiling Point of Solvent (°C)										
Boiling Point of Target Compound (°C)										
Types of Column (Please tick (/) one only)	<input type="checkbox"/>	BP10	<input type="checkbox"/>	BPX35	<input type="checkbox"/>	BP1				
	<input type="checkbox"/>	BP5MS	<input type="checkbox"/>	Solgel-Wax	<input type="checkbox"/>	BPX70				
Temperature Program	No	Rate (mL/min)	Temperature (°C)		Hold Time (min)					
	1.									
	2.									
Details of Targeted Compound	No	Mol. Weight (MW)	Chemical Formula		Retention Time					
	1.									
	2.									