



**PUSAT PENGURUSAN MAKMAL  
UNIVERSITI (PPMU)**

Form Num.	UIRL/F/36
Version	1/2023
Effective Date	01/02/2023
Equipment	ICPMSMS
Sample Serial No.	UIRL/

**ANALYTICAL CHEMISTRY 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.
- All enquiries regarding ICPMSMS should be forwarded to the Science Officer (Mrs Norzubaidha Ismail, email: [norzubaidha@utm.my](mailto:norzubaidha@utm.my), or Assistant Science Officer, Ms Siti Nurul Aini Asbullah, email: [snurulaini@utm.my](mailto:snurulaini@utm.my), tel: 07-5557720/07-5557729) 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"/>	Research	
Student Matric No.															
Faculty/ Department/Organization															
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.: 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 INFORMATION (ICPMSMS)															
No. of Sample															
Name of Sample (as labeled on sample)															
Sample Properties	Toxic			Carcinogenic			Normal								
Digestion of Sample (Already Digest?)	Yes			No (Please Fill in MOD form)			No Need								
Standard 2	Ce		Dy		Er		Eu		Gd		Ho		La		Lu
	Nd		Pr		Sm		Sc		Tb		Th		Tm		Y
	Yb														
Standard 3	Ba		Be		Bi		Cd		Ca		Cs		Cr		Co
	Cu		Ga		In		Fe		Pb		Li		Mg		Mn
	Ni		As		K		Rb		Se		Ag		Na		Sr
	Tl		V		Zn		Al		Hg		U				
Standard 4	Au		Ir		Pd		Pt		Rh		Ru		Te		Sn
	Sb		Hf												
Standard 5	Nb		Re		Ta		Ti		W		B		Ge		Zr
	P		Mo		S		Si								
Estimated Concentration Level	ppb			ppt											