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| UTM UNIVERSITI TEKNOLOGI MALAYSIA | **PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)** | **Form Num.** | **UIRL/F/95** |
| | | **Revision No** | **1/2023** |
| | | **Effective Date** | **01/02/2023** |
| | | **Equipment** | **LCMS-QTOF** |
| | | **Sample Serial No.** | |

# ADVANCED MASS SPECTROMETRY LABORATORY

# SAMPLE SUBMISSION FORM (INDUSTRY)

**General Rules and Requirements:**

1. All information provided should be true
2. Booking will be notified/updated by email or phone
3. Booking procedure
   a. Complete the application form including valid research vote number
   b. Submit the completed application form to UIRL Sample Acceptance Counter
   c. **Fast Lane is offered to non-UTM customers with an additional 50% charge from the normal price.**
4. Sample Condition & Preparation
   a. **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.**
   b. **Samples used for LCMS QTOF need to be completely dissolved in solvent (i.e Methanol, Acetonitrile). Strictly, no halogenated solvent (i.e Chloroform, Dichloromethane) is allowed.**
   c. **The remaining samples will be disposed of within a month after the analysis is completed.**
   d. Sample preparation must be done by the applicant and should be done accordingly to the type of analysis.
   e. Please bring along the solvent used for your sample.
5. All inquiries regarding **LCMS-QTOF** should be forwarded to the Science Officer Mrs. Malahah Binti Mohamed (email: malahah@utm.my, tel: 07-5557729/57718) or visit our website at ppmu.utm.my

| **1. APPLICANT'S PERSONAL PARTICULARS** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Name of Applicant** | | | | | | | | |
| **Hand Phone No.** | | | | | | | | |
| **Email** | | | | | | | | |
| **Department/Division** | | | | | | | | |
| **Name of Head of Department/Division** | | | | | | | | |
| **Signature & Official Stamp** | ***A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities** | | | | | | | |
| **2. COMPANY DETAILS** | | | | | | | | |
| **Name** | | | | | | | | |
| **Registration No.** | | | | | | | | |
| **Address** | | | | | | | | |
| **Telephone No.** | | | | | | | | |
| **Email** | | | | | | | | |
| **Mode of Payment** | | **Cash** | | **EFT** | | **Invoice** | | **Fast Lane** |
| **3. SAMPLE INFORMATION** | | | | | | | | |
| **No. of Samples Submitted & Labels** | | | | | | | | |
| **Name of Sample** | | | | | | | | |
| **Mobile Phase** | **A : _____** | | | **B : _____** | | | | |
| **Mode** | | **LCMS QTOF** | | **QTOF ONLY** | | **DART** | | |
| **Ion Polarity** | | **Positive** | | **Negative** | | **Both** | | |
| **Flow Rate (ml/min)** | | | | | | | | |
| **Injection Volume (µL)** | | | | | | | | |
| **Mass Range (m/z)** | | | | | | | | |

| **Gradient Elution** *(Add in extra paper if space not enough)* | **Time** | **A (%)** | **B (%)** | **Hold Time (min)** |
|---|---|---|---|---|
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# ADVANCED MASS SPECTROMETRY LABORATORY

# SAMPLE SUBMISSION FORM (INDUSTRY)

| | | | | |
|---|---|---|---|---|
| **Details of Targeted Compound (Use additional paper if not enough)** | **No** | **Molecular Weight (MW)** | **Chemical Formula** | **Retention Time** |
| | **1.** | | | |
| | **2.** | | | |
| | **3.** | | | |
| | **4.** | | | |
| | **5.** | | | |

**Type of Columns**

- ☐ ZORBAX EXTEND-C18 (2.1 X 50mm/ 1.8 micron)
- ☐ ZORBAX ECLIPSE PLUS C18 (2.1 X 50mm/ 1.8 micron)
- ☐ ZORBAX SB-C18 (2.1 X 150mm/ 1.8 micron)
- ☐ ZORBAX SB-C18 (4.6 X 50mm/ 5 micron)
- ☐ POROSHELL 120 EC-C18 (4.6 X 100mm/ 2.7 micron)

Others : _____

| **Additional Information** | |
|---|---|
| Column Temperature ($^0$C) | |
| Capillary Voltage (V) | |
| Nozzle Voltage (V) | |
| Fragmentor Voltage (V) | |
| Nebulizer Pressure ($N_2$) (psi) | |
| Drying Gas Temperature ($^0$C) | |
| Drying Gas Flow (L/min) | |
| Sheath Gas (L/min) | |