



**PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)**

Form Num.	UURL/F/24
Revision No	1/2023
Effective Date	01/02/2023
Equipment	LCMS-QTOF
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.**
 - 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.**
 - The remaining samples will be disposed of within a month after the analysis is completed.**
 - Sample preparation must be done by the applicant and should be done accordingly to the type of analysis.
 - Please bring along the solvent used for your sample.
- 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					
Status of Applicant	<input type="checkbox"/> Undergraduates	<input type="checkbox"/> Master	<input type="checkbox"/> PhD	<input type="checkbox"/>	<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.: 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

No. of Samples Submitted & Labels				
Name of Sample				
Mobile Phase	A : _____		B : _____	
Mode	<input type="checkbox"/> LCMS QTOF	<input type="checkbox"/> QTOF ONLY	<input type="checkbox"/>	<input type="checkbox"/> DART
Ion Polarity	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/> Both
Flow Rate (ml/min)				
Injection Volume (µL)				
Mass Range (m/z)				
Gradient Elution <i>(Add in extra paper if space not enough)</i>	Time	A (%)	B (%)	Hold Time (min)

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	<input type="checkbox"/>	ZORBAX EXTEND-C18 (2.1 X 50mm/ 1.8 micron)		
	<input type="checkbox"/>	ZORBAX ECLIPSE PLUS C18 (2.1 X 50mm/ 1.8 micron)		
	<input type="checkbox"/>	ZORBAX SB-C18 (2.1 X 150mm/ 1.8 micron)		
	<input type="checkbox"/>	ZORBAX SB-C18 (4.6 X 50mm/ 5 micron)		
	<input type="checkbox"/>	POROSHELL 120 EC-C18 (4.6 X 100mm/ 2.7 micron)		
		Others : _____		
Additional Information	Column Temperature (°C)			
	Capillary Voltage (V)			
	Nozzle Voltage (V)			
	Fragmentor Voltage (V)			
	Nebulizer Pressure (N ₂) (psi)			
	Drying Gas Temperature (°C)			
	Drying Gas Flow (L/min)			
	Sheath Gas (L/min)			