



PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)

Form Num.	UIRL/F/135
Version	2/2023
Effective Date	19/04/2023
Equipment	BRUKER AVANCE II
Sample Serial No.	UIRL/

NUCLEAR MAGNETIC RESONANCE LABORATORY

SAMPLE SUBMISSION FORM

General Rules and Requirements:

LIQUID STATE NMR
(400 MHz)

- All information provided should be true
- Booking will be notified/updated by email
- Booking procedure
 - Complete the application form including valid research vote number
 - Submit the completed application form to the lab
 - 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 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.**
 - The sample must be dried, pure and known the solvent (please state the solvent for each sample)
 - The sample's weight must not be less than 10mg for ^1H test, meanwhile, 20mg for ^{13}C test and others.
 - Samples shall be delivered in small glass containers, sealed and labelled.
 - The remaining samples will be disposed of within a month after the analysis is completed.**
- All enquiries regarding the instrument should be forwarded to the Science Officer (Mrs Nor'Ain binti Abd Rahman, email: norainrahman@utm.my), Assistant Science Officer, (Mr Muhammad Hasni bin Rosli, email: muhammadhasni@utm.my), Assistant Engineer (Mr Ashraf bin Zulkarnain, email: ashraf.zulkarnain@utm.my) or visit our website at ppmu.utm.my

1. APPLICANT'S PERSONAL PARTICULARS

Name of Applicant								
Status of Applicant	<input type="checkbox"/>	Undergraduate	<input type="checkbox"/>	Master	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Research
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 & ANALYSIS INFORMATION

Total No. of Sample				
Name of Sample	Test	Solvent	Type	Properties
	^1H , ^{13}C , ^{31}P , Dept (45, 90, 135), COSY, HMBC, HMQC	Chloroform-D1, Dimethyl sulfoxide-D6, Methanol-D4, Ethanol-D6, Deuterium oxide, Acetone-D6	Organic / Inorganic/ polymer	Halogenic/ Non-Halogenic
i)				
ii)				
iii)				
Sample Information Please state the hazards of the sample. Ex: Toxic				