

 <b>UTM</b> UNIVERSITI TEKNOLOGI MALAYSIA	<b>PUSAT PENGURUSAN MAKMAL          UNIVERSITI (PPMU)</b>	Form Num.	UURL/F/20
		Revision No.	1/2024
		Effective Date	01/03/2024
		Equipment	CD SPECTROMETER
		Sample Serial No.	UURL/
<b>MOLECULAR SPECTROSCOPY LABORATORY</b>			
<b>SAMPLE SUBMISSION FORM</b>			

**General Rules and Requirements:**

- All information provided should be true
- Booking will be notified/updated by email or phone call
- 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 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.**
  - Samples submitted should be non-hazardous, non-toxic, and nonpathogenic. No radioactive or microbial samples are allowed.
  - Compulsory to attach the journals/standard methods/relevant technical reports referred to with this form.
  - Applicant(s) are required to retrieve all the samples after analysis.
- All inquiries regarding **CD spectrometer** should be forwarded to the Assistant Science Officer, Nurhariani binti Jamhari (email: [nurhariani@utm.my](mailto:nurhariani@utm.my), tel.: 07-5333121) 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"/> 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											
Name of Sample											
Sample ID											
Range of Wavelength (nm) (Min 175 nm & Max 800 nm)		Low: _____		High: _____		Step: _____					
Signal		<input type="checkbox"/> CD		<input type="checkbox"/> Absorbance							
Name of Solvent											
Temperature (°C) (20°C - 25°C)											
Temperature Ramping (°C) (Fill in if needed, 20°C - 95°C)		Start: _____		Stop: _____		Step: _____					
Essential Parameter (Fill in if there's information/ tick if not known)		<input type="checkbox"/> Molecular Mass (Da) s		<input type="checkbox"/> Concentration (mg/ml)		<input type="checkbox"/> No. Amino Acid		<input type="checkbox"/> Path length er			