



UTM
UNIVERSITI TEKNOLOGI MALAYSIA

**PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)**

Form Num.	UURL/F/175
Version	1/2024
Effective Date	01/03/2024
Equipment	CE-TOF/MS
Sample Serial No.	UURL/

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 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.**
 - Only samples that were ready to be analyzed were accepted by the lab
- All enquiries regarding **CE-TOF/MS** should be forwarded to the (Science Officer, Mrs. Nor'Ain Abd Rahman, email: norainrahman@utm.my, or Assistant Engineer, Mr Amirul Amin Khir Anuar, email: amirulamin@utm.my, 07-5557720.) 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"/>	<input type="checkbox"/> Master	<input type="checkbox"/>	<input type="checkbox"/> PhD	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> EFT	<input type="checkbox"/>	<input type="checkbox"/> Log card	<input type="checkbox"/>	<input type="checkbox"/> Invoice	<input type="checkbox"/> Fast Lane
*Payment using Invoice	Research Vot No. (e.g.: Q.J091600.24C3.01 D32)							
	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 (CE-TOF/MS)

Total No. of Sample							
Name of Sample							
Sample Background / Information							
Sample Properties (please tick (√))	<input type="checkbox"/> Cation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anion
Sample Purity (ppm)							
Detected Analytes				Mass Range (m/z)			

4. ANALYSIS INFORMATION (please attach the copy of referred journal)

Ion Polarity (please tick (√))	<input type="checkbox"/> Positive	<input type="checkbox"/>	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/> Both	<input type="checkbox"/>
Name of Buffer/(pH)						
Type of Capillary (Diameter x Length)						
CE Setup	Cassette Temperature (°C)	Voltage (kV)	Current (µA)	Power (W)		

	No.	Molecular Weight (MW)	Chemical Formula	Retention Time
Details of Targeted Compound (Use additional paper if not enough)				

5. 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)	