



UTM
UNIVERSITI TEKNOLOGI MALAYSIA

**PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)**

Form Num.	UURL/F/24
Revision No	1/2024
Effective Date	01/03/2024
Equipment	LCMS-QTOF
Sample Serial No.	UURL/

**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, or Mrs Fahtinoor Amera Binti Othman, email: fahtinoor@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"/> 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				
Concentration (Not more than 3 ppm)				
Mobile Phase	A: _____	B: _____		
Flow Rate (ml/min)				
Injection Volume (µL)				
Gradient Elution (Add in extra paper if space not enough)	Time	A (%)	B (%)	Hold Time (min)

Mode		LCMS QTOF	QTOF ONLY	DART
Ion Polarity		Positive	Negative	Both
Mass Range (m/z)				
Additional Informations	Capillary Voltage (V)			
	Nozzle Voltage (V)			
	Fragmentor Voltage (V)			
	Nebulizer Pressure (N₂) (psi)			
	Drying Gas Temperature (°C)			
	Drying Gas Flow (L/min)			
	Sheath Gas (L/min)			
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)			
Column Temperature (°C): _____				
Details of Targeted Compound (Use additional paper if not enough)	No	Molecular Weight (MW)	Chemical Formula	Retention Time
	1.			
	2.			
	3.			
	4.			
	5.			
List of Library (Max 2 libraries, 3 onwards will be charge)	<input type="checkbox"/> Metlin-Metabolites			
	<input type="checkbox"/> Metlin-Lipids			
	<input type="checkbox"/> Metlin-Pesticides			
	<input type="checkbox"/> Metlin-Peptides			
	<input type="checkbox"/> Sulfas & VetDrugs			