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|--|---|-------------------|--------------------|
|  <b>UTM</b><br>UNIVERSITI TEKNOLOGI MALAYSIA | <b>PUSAT PENGURUSAN MAKMAL<br/>         UNIVERSITI (PPMU)</b> | Form Num.         | UURL/F/31          |
|  |   | Revision No       | 1/2024             |
|  |   | Effective Date    | 01/03/2024         |
|  |   | Equipment         | OPTICAL MICROSCOPE |
|  |   | Sample Serial No. | UURL/              |
| <b>ADVANCED TIME RESOLVED LABORATORY</b>   |   |                   |                    |
| <b>SAMPLE SUBMISSION FORM</b>  |   |                   |                    |

**General Rules and Requirement:**

- All information provided should be true
- Booking will be notify/updated by email or phone
- Booking procedure
  - Complete the application form including valid research vot number
  - Submit the completed application form to UURL Sample Acceptance Counter
- Sample Condition & Preparation
  - PPMU has the right to cancel any analysis if the sample is suspected to have 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.**
  - Range of temperature for heating and cooling sample analysis are between -190°C and 420°C.**
- All enquiries regarding Optical microscope should be forwarded to the Science Officer Ms. Nor Syafawani Sarah Md saad (Ext: 07-5557729, email: [syafawani@utm.my](mailto:syafawani@utm.my)) or Assistant Engineer Ms. Athirah Hanis Maulat Dzulkapli (email: [athirah@utm.my](mailto:athirah@utm.my), tel: 07-5557735) or visit our website at [ppmu.utm.my](http://ppmu.utm.my).

|   |  |   |                          |              |                          |                                    |                          |                   |                          |      |
|---|--|---|--------------------------|--------------|--------------------------|------------------------------------|--------------------------|-------------------|--------------------------|------|
| <b>1. APPLICANT'S PERSONAL PARTICULARS</b>  |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Name of Applicant   |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Status of Applicant   | <input type="checkbox"/>                         | Undergraduates  | <input type="checkbox"/> | Master       | <input type="checkbox"/> | PhD                                | <input type="checkbox"/> | Researcher        | <input type="checkbox"/> |      |
| Student Matric No.  |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Faculty/ Department   |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Hand Phone No. & Email  |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| <b>2. SUPERVISOR DETAILS (for internal applicant and academic institution only)</b> |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| 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"/> |      |
| *Payment using invoice  | Research Vot No.<br>(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 |                          |              |                          |                                    |                          |                   |                          |      |
| <b>3. SAMPLE INFORMATION</b>  |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Sample Label & Information  |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Sample Type   | <input type="checkbox"/>                         | Powder  | <input type="checkbox"/> | Liquid       | <input type="checkbox"/> | Gel                                | <input type="checkbox"/> | Others : _____    | <input type="checkbox"/> |      |
| Contrasting Method  | Incident Light                                   |   |                          |              |                          |                                    |                          |                   |                          |      |
|   | <input type="checkbox"/>                         | Bright Field  | <input type="checkbox"/> | Dark Field   | <input type="checkbox"/> | Differential Interference Contrast |                          |                   |                          |      |
|   | <input type="checkbox"/>                         | Fluorescence  | <input type="checkbox"/> | Polarization |                          |                                    |                          |                   |                          |      |
|   | Transmitted Light                                |   |                          |              |                          |                                    |                          |                   |                          |      |
| <input type="checkbox"/>  | Bright Field                                     | <input type="checkbox"/>  | Polarization             |              |                          |                                    |                          |                   |                          |      |
| Wavelength Bandpass Filter (nm)<br><i>(Fluorescence sample)</i>                     |  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Cooling/Heating<br><i>(Up to 100 ramp)</i>  | Ramp   | Rate (°C/min)   |                          |              | Max. Temperature (°C)    |                                    |                          | Hold Time (h:m:s) |                          |      |
|   | 1  |   |                          |              |                          |                                    |                          |                   |                          |      |
|   | 2  |   |                          |              |                          |                                    |                          |                   |                          |      |
|   | 3  |   |                          |              |                          |                                    |                          |                   |                          |      |
|   | 4  |   |                          |              |                          |                                    |                          |                   |                          |      |
| Results   | <input type="checkbox"/>                         | Image   | <input type="checkbox"/> | Multi time   | <input type="checkbox"/> | Movie/Video                        |                          |                   |                          |      |
| Objective Magnification   | <input type="checkbox"/>                         | 5X  | <input type="checkbox"/> | 10X          | <input type="checkbox"/> | 20X                                | <input type="checkbox"/> | 50X               | <input type="checkbox"/> | 100X |