

 UTM UNIVERSITI TEKNOLOGI MALAYSIA	PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)	Form Num.	UURL/F/80
		Version	1/2024
		Effective Date	01/03/2024
		Equipment	BRUKER FOURIER
		Sample Serial No.	UURL/
NUCLEAR MAGNETIC RESONANCE LABORATORY			
SAMPLE SUBMISSION FORM			

General Rules and Requirements:

1. All information provided should be true
2. Booking will be notify/updated by email
3. Booking procedure
 - a. Complete the application form including valid research vote number
 - b. Submit the completed application form to the lab
 - c. **Fast Lane is offered to non-UTM customers with an additional 50% charge from the normal price.**
4. Sample Condition & Preparation
 - a. **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.**
 - b. The sample must be dried, pure and known the solvent (please state the solvent for each sample)
 - c. The sample's weight must not be less than 10mg for ¹H test, meanwhile, 20mg for ¹³Carbon test and others.
 - d. Samples shall be delivered in small glass containers, sealed and labelled.
 - e. **The remaining samples will be disposed of within a month after the analysis is completed.**
5. All enquiries regarding the instrument should be forwarded to the Science Officer (Mrs Nurnazmin binti Mohd Nordin, email: nurnazmin@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

LIQUID STATE NMR (300 MHz)

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	<input type="checkbox"/>	
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.: QJ091600.24C3.01D32)									
	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		
	¹ H, ¹³ C, 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 <i>Please state the hazards of the sample. Ex: Toxic</i>										