

 <b>UTM</b> UNIVERSITI TEKNOLOGI MALAYSIA	<b>PUSAT PENGURUSAN MAKMAL          UNIVERSITI (PPMU)</b>	Form Num.	UIRL/F/136
		Version	1/2024
		Effective Date	01/03/2024
		Equipment	BRUKER AVANCE II
		Sample Serial No.	UIRL/
<b>NUCLEAR MAGNETIC RESONANCE LABORATORY</b>			
<b>SAMPLE SUBMISSION FORM (INDUSTRY)</b>			

**General Rules and Requirements:**

1. All information provided should be true
2. Booking will be notify/updated by email
3. Booking procedure
  - a. Submit the completed application form to the lab
  - b. **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 <sup>1</sup>H test, meanwhile, 20mg for <sup>13</sup>Carbon 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](mailto:nurnazmin@utm.my)), Assistant Science Officer, (Mr Muhammad Hasni bin Rosli, email: [muhammadhasni@utm.my](mailto:muhammadhasni@utm.my)), Assistant Engineer (Mr Ashraf bin Zulkarnain, email: [ashraf.zulkarnain@utm.my](mailto:ashraf.zulkarnain@utm.my)) or visit our website at [ppmu.utm.my](http://ppmu.utm.my)

 LIQUID STATE NMR  
(400 MHz)

1. APPLICANT'S PERSONAL PARTICULARS							
Name of Applicant							
Hand Phone No.							
Email							
Department/Division							
Signature & Official Stamp		*A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities					
2. COMPANY DETAILS							
Name of Company							
Registration No.							
Address							
Telephone No.							
Email							
Mode of Payment		<input type="checkbox"/> Cash	<input type="checkbox"/> EFT	<input type="checkbox"/> Invoice	<input type="checkbox"/> Fast Lane		
3. SAMPLE INFORMATION							
Total No. of Sample							
Name of Sample	Test	Solvent	Type	Properties			
	<sup>1</sup> H, <sup>13</sup> C, <sup>31</sup> P, 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.</i> Ex: Toxic							