

 UTM UNIVERSITI TEKNOLOGI MALAYSIA	PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)	Form Num.	UIRL/F/82
		Version	1/2024
		Effective Date	01/03/2024
		Equipment	BRUKER AVANCE III HD
		Sample Serial No.	UIRL/
NUCLEAR MAGNETIC RESONANCE LABORATORY			
SAMPLE SUBMISSION FORM			

General Rules and Requirements:

1. All information provided should be true
2. Booking will be notified/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 and pure.
 - c. The sample's weight must not be less than 500mg for all analysis.
 - 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

 SOLID STATE NMR
(400 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		
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 & ANALYSIS INFORMATION											
Total No. of Sample											
Name of Sample		Test		Weight (mg)		Type		Properties			
		²⁷ Al, ¹¹ B, ¹³ C, ²³ Na, ²⁹ Si, ¹⁷ O		≥500mg		Solid/ Powder		Halogenic/ Non-Halogenic			
i)											
ii)											
iii)											
Sample information <i>Please state the hazards of the sample. Ex: Toxic</i>											