
 <b>UTM</b> UNIVERSITI TEKNOLOGI MALAYSIA	<b>PUSAT PENGURUSAN MAKMAL          UNIVERSITI (PPMU)</b>	<b>Form Num.</b>	<b>UURL/F/95</b>
		<b>Version</b>	<b>1/2025</b>
		<b>Effective Date</b>	<b>08/01/2025</b>
		<b>Equipment</b>	<b>LCMS-QTOF</b>
		<b>Sample Serial No.</b>	<b>UURL/</b>
		<b>Page</b>	<b>1 of 5</b>
<b>ADVANCED MASS SPECTROMETRY LABORATORY</b>			
<b>SAMPLE SUBMISSION FORM (INDUSTRY)</b>			

**General Rules and Requirements :**


1.	All information provided should be true.
2.	Sample submission procedure.
	a. Complete the Sample Submission Form.
	b. For sample submission via walk-in : Submit the completed Sample Submission Form and samples to UURL Sample Acceptance Counter.
	c. For sample submission via mail : Submit the completed Sample Submission Form and the samples. Samples must be packaged in a suitable container for courier delivery. The parcel should be addressed to the person in charge of the instrument, as it will be received directly by them.
3.	Fast lane is offered with an additional 50% charge from the normal price.
4.	For sample criteria and conditions, refer to UURL Sample Submission Criteria in the PPMU website at ppmu.utm.my.
5.	PPMU has the right to cancel any analysis if the sample is suspected to have a 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. Posted samples will be received by laboratory personnel.
6.	Only samples that are ready to be analyzed are accepted by the lab.
7.	The remaining samples will be disposed of within a month after analysis is completed.
8.	Quotation will be provided upon request.
9.	Payment must be made within fourteen (14) working days after invoice is issued.
10.	Analysis duration is within fourteen (14) working days after receiving the samples.
11.	The laboratory will provide test results after the payment proof presented to the laboratory personnel.
12.	All inquiries regarding <b>LCMS-QTOF</b> should be forwarded to the Assistant Science Officer, Mrs. Fahtinoor Amara Binti Othman, email: <a href="mailto:fahtinoor@utm.my">fahtinoor@utm.my</a> or Science Officer, Mrs. Nor Shafawani Sarah Binti Md Saad, email: <a href="mailto:syafawani@utm.my">syafawani@utm.my</a> , or visit our website at ppmu.utm.my.

**\*All pages must be submitted**

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		Sample Serial No.	UURL/
		Page	2 of 5
<b>ADVANCED MASS SPECTROMETRY LABORATORY</b>			
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**Application Details :**

1. APPLICANT'S PERSONAL PARTICULARS	
Name of Applicant	
Hand Phone No.	
Email	
Department / Division	
Signature & Official Stamp	<p><small>*A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities</small></p>
	<input type="checkbox"/> I have read and agreed to the General Rules and Requirements
2. COMPANY DETAILS	
Name	
Registration No.	
Address	
Telephone No.	
Email	


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		Sample Serial No.	UURL/
		Page	3 of 5
<b>ADVANCED MASS SPECTROMETRY LABORATORY</b>			
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### 3. PAYMENT


Method of Payment		UTM PayHub System		Invoice
Mode of Service		Normal		Fast Lane

### 4. SAMPLE & ANALYSIS INFORMATION *(please attach referred journal)*

Name of Sample						
Sample i.d/Labels						
Total Number of Sample/s						
Sample Properties (Please tick (/))	<input type="checkbox"/>	Toxic	<input type="checkbox"/>	Carcinogenic	<input type="checkbox"/>	Others : _____
Sample Information to take note	<ul style="list-style-type: none"> <li>* Samples used for LCMS QTOF need to be completely dissolved in solvent (i.e Methanol, Acetonitrile).</li> <li>* Strictly, no halogenated solvent (i.e Chloroform, Dichloromethane) is allowed.</li> <li>* Sample preparation must be done by the applicant and should be done accordingly to the type of analysis.</li> <li>* All samples <b>must be filtered</b> to remove any particulate matter.</li> <li>* Please bring along the solvent used for your sample.</li> <li>* Label all samples clearly with your name, date, sample's ID and wrapped in zipper bag</li> <li>* <b>References in the form of journals / standard methods / relevant technical reports should be attached to ensure compatibility with the instrument.</b></li> </ul>					
Concentration <i>(Not more than 3 ppm)</i>						
Mobile Phase A with ratio						
Mobile Phase B with ratio						
Flow Rate (ml/min)						
Injection Volume (µL)						

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		Page	4 of 5
<b>ADVANCED MASS SPECTROMETRY LABORATORY</b>			
<b>SAMPLE SUBMISSION FORM (INDUSTRY)</b>			

<b>Gradient Elution</b> <i>(Add in extra paper if space not enough)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #333; color: white;"> <th style="width: 25%;">Time</th> <th style="width: 25%;">A (%)</th> <th style="width: 25%;">B (%)</th> <th style="width: 25%;">Hold Time (min)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Time	A (%)	B (%)	Hold Time (min)																												
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Mode	<input type="checkbox"/>	<input type="checkbox"/> LCMS QTOF	<input type="checkbox"/> QTOF ONLY	<input type="checkbox"/> DART																																
Ion Polarity	<input type="checkbox"/>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Both																																
Mass Range (m/z)																																				
<b>Additional Informations</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #333; color: white;"> <td style="width: 80%;">Capillary Voltage (V)</td> <td style="width: 20%;"></td> </tr> <tr style="background-color: #333; color: white;"> <td>Nozzle Voltage (V)</td> <td></td> </tr> <tr style="background-color: #333; color: white;"> <td>Fragmentor Voltage (V)</td> <td></td> </tr> <tr style="background-color: #333; color: white;"> <td>Nebulizer Pressure (N<sub>2</sub>) (psi)</td> <td></td> </tr> <tr style="background-color: #333; color: white;"> <td>Drying Gas Temperature (°C)</td> <td></td> </tr> <tr style="background-color: #333; color: white;"> <td>Drying Gas Flow (L/min)</td> <td></td> </tr> <tr style="background-color: #333; color: white;"> <td>Sheath Gas (L/min)</td> <td></td> </tr> </table>				Capillary Voltage (V)		Nozzle Voltage (V)		Fragmentor Voltage (V)		Nebulizer Pressure (N <sub>2</sub> ) (psi)		Drying Gas Temperature (°C)		Drying Gas Flow (L/min)		Sheath Gas (L/min)																			
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		Page	5 of 5
<b>ADVANCED MASS SPECTROMETRY LABORATORY</b>			
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<b>Type of Columns (Please tick (/))</b>	<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): _____																										
<b>Details of Targeted Compound          (Use additional paper if not enough)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 5%;">No</th> <th style="width: 35%;">Molecular Weight (MW)</th> <th style="width: 35%;">Chemical Formula</th> <th style="width: 25%;">Retention Time</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			No	Molecular Weight (MW)	Chemical Formula	Retention Time	1.				2.				3.				4.				5.			
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	3.																										
	4.																										
5.																											
<b>List of Library          (Please tick (/))          (Max 2 libraries, 3 onwards will be charge)</b>	<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																										