
 <b>UTM</b> UNIVERSITI TEKNOLOGI MALAYSIA	<b>PUSAT PENGURUSAN          MAKMAL UNIVERSITI (PPMU)</b>	<b>Form Num.</b>	<b>UURL/F/164</b>
		<b>Version</b>	<b>1/2025</b>
		<b>Effective Date</b>	<b>08/01/2025</b>
		<b>Equipment</b>	<b>X-ray Diffraction analysis (XRD POWDER)</b>
		<b>Sample Serial No.</b>	<b>UURL/</b>
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<b>X-RAY &amp; THERMAL ANALYSIS 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.
5.	Quotation will be provided upon request.
6.	Payment must be made within fourteen (14) working days after invoice is issued.
7.	Analysis duration is within fourteen (14) working days after receiving the samples.
8.	The laboratory will provide test results after the payment proof presented to the laboratory personnel.
9.	All enquiries regarding <b>XRD POWDER</b> should be forwarded to Assistant Science Officer, Mr. Mohd Izzam bin Idrus, m.izzam@utm.my or Science Officer, Mrs. Diyana Sakinah binti Mohamed Soder, diyanasakinah@utm.my, tel: 07-5557725 or visit our website at ppmu.utm.my.

**\*All pages must be submitted**

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**Application details :**

1. APPLICANT'S PERSONAL PARTICULARS			
<b>Name of Applicant</b>			
<b>Hand Phone No</b>			
<b>Email</b>			
<b>Department/Division</b>			
<b>Signature &amp; Official Stamp</b>		*A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities	
		I have read and agreed to the <b>General Rules and Requirements</b>	
2. COMPANY DETAILS			
<b>Name</b>			
<b>Registration No.</b>			
<b>Address</b>			
<b>Telephone No.</b>			
<b>Email</b>			
3. PAYMENT			
<b>Method of Payment</b>	<input type="checkbox"/>	<b>UTM PayHub System</b>	<input type="checkbox"/>
<b>Invoice</b>	<input type="checkbox"/>	<b>Fast Lane</b>	<input type="checkbox"/>
<b>Mode of Service</b>	<input type="checkbox"/>	<b>Normal</b>	<input type="checkbox"/>
4. SAMPLE & ANALYSIS INFORMATION			
<b>Name of Sample</b>			
<b>Total Number of Sample/s</b>			
<b>Sample Properties</b>	<input type="checkbox"/>	<b>TOXIC</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>CARCINOGENIC</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>OTHERS :</b>	<u>                    </u>
<b>Sample i.d/Labels</b>			
<b>Range of Measurement</b> Standard (3° to 90°)	<b>From =</b> <u>                    </u> ° <b>to =</b> <u>                    </u> °		
<b>Expected result</b> Al2O3, TiO2, Zif-8			
<b>Type of Analysis</b>	<input type="checkbox"/>	<b>Scan Only (Basic)</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Scan With Matching</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Matching Only</b>	<input type="checkbox"/>
<b>Sample Properties</b>	<input type="checkbox"/>	<b>Toxic</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Carcinogenic</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Others :</b>	<u>                    </u>
<b>Return Sample</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>Note: Please attach references for the expected result.</b>			



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**X-RAY & THERMAL ANALYSIS LABORATORY**

**SAMPLE SUBMISSION FORM (INDUSTRY)**