

PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)

| | Form Num. | UIRL/F/11 | | | | | |
|---|-------------------|------------------|--|--|--|--|--|
| | Version | 2/2025 | | | | | |
| | Effective Date | 15/05/2025 | | | | | |
| | Equipment | Atomic Force | | | | | |
| | Equipment | Microscope (AFM) | | | | | |
| | Sample Serial No. | UIRL/ | | | | | |
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X-RAY & THERMAL ANALYSIS LABORATORY SAMPLE SUBMISSION FORM

General Rules and Requirements

| 1. | All information provided should be true. | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|
| 2. | Sample submission procedure. | | | | | | | | |
| | a. | Complete the Sample Submission Form including a valid research vote number. | | | | | | | |
| | b. For sample submission via walk-in: Submit the completed Sample Submission Form an 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 Service: A priority testing service that provides results within 3 to 7 working days instead of the usual 14 working days. It is offered based on availability with an additional 50% charge from the normal price. Customers must contact the person in charge for this service. | | | | | | | | |
| 4. | For sample criteria and conditions, refer to UIRL 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. | 2. All inquiries regarding AFM should be forwarded to the Assistant Science Officer, Mrs. Nur Syakirah binti Mohd No. syakirah@utm.my or Assistant Science Officer, Mrs. Nur Syamimi binti Md Lasim, nursyamimi.mdlasim@utmtel: 07-5557786, or visit our website at ppmu.utm.my. | | | | | | | | |
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^{*}All pages must be submitted



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Application details :

| 1. APPLICANT'S PERSONAL PARTICULARS | | | | | | | | | | |
|---|---|---|--|--------|------------------------------|-----|--|---------|----------|--|
| Name of Applicant | | | | | | | | | | |
| Status of Applicant | | Undergraduates | | Master | | PhD | | | Research | |
| Student Matric No. | | | | | | | | | | |
| Faculty/ Department | | | | | | | | | | |
| Hand Phone No. | | | | | | | | | | |
| Email | | | | | | | | | | |
| 2. SUPERVISOR DETAILS | | | | | | | | | | |
| Name of Supervisor | | | | | | | | | | |
| TM Staff ID No. | | | | | | | | | | |
| Faculty/Department | | | | | | | | | | |
| Hand Phone No. | | | | | | | | | | |
| Email | | | | | | | | | | |
| Signature & Official Stamp | *A digital signature is not recommended. Any matters raised in the future are beyond our responsibilities | | | | | | | | | |
| 0.00/447517 | I have read and agreed to the General Rules and Requirements | | | | | | | | | |
| | 3. PAYMENT | | | | | | | | | |
| Method of Payment | | UTM PayHub System | | | og card | | | Invoice | | |
| Mode of Service | | Normal | | | ast Lane | | | | | |
| Payment using Invoice | | Research Vot No. (e.g.: Q.J091600.24C3.01D32) Balance of V29000 | | | | | | | | |
| 4. SAMPLE & ANALYSIS INFORMATION | Datance of \$25000 | | | | | | | | | |
| Name of Sample | I | | | | | | | | | |
| Total Number of Sample/s | | | | | | | | | | |
| Sample i.d/Labels | | | | | | | | | | |
| Type of sample | | Solid | | | Liquid (Please refer PIC) | | | | | |
| Mode of AFM Operation | | Tapping | | | Contact | | | | | |
| Sample Properties | | Toxic | | С | arcinogeni | ic | | Others | : | |
| *Scan Size (1-100 μm) | l um | | | | | | | | | |
| Return sample | | Yes | | N | o | | | | | |
| Note: Important to fill in the scan size and attach references for the expected result. | | | | | | | | | | |