

## **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<br>or can cause damage to the instrument during the analysis. The cost of damages will be borne by the customer.<br>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 FIB FESEM-EDX should be forwarded to the Assistant Engineer (Mr. Al Azhari bin Amir Hatib, email: alazhari@utm.my) / Assistant Engineer (Mr. Ahmad Safuan Borhan, email: a.safuan@utm.my) or visit our website at ppmu.utm.my   tel: 07-561 0268.                           |   |  |  |  |  |  |  |  |
| * 11 00 | and much  | be submitted  |  |  |  |  |  |  |  |

\*All pages must be submitted

|   |                                       | Form Num.         | UIRL/F/03     |  |  |  |  |  |  |  |
|---|---------------------------------------|-------------------|---------------|--|--|--|--|--|--|--|
|   |                                       | Version           | 2/2025        |  |  |  |  |  |  |  |
|   | PUSAT PENGURUSAN MAKMAL               | Effective Date    | 15/05/2025    |  |  |  |  |  |  |  |
| UNIVERSITI TEKNOLOGI MALAYSIA             | UNIVERSITI (PPMU)                     | Equipment         | FIB FESEM-EDX |  |  |  |  |  |  |  |
|   | , , , , , , , , , , , , , , , , , , , | Sample Serial No. | UIRL/         |  |  |  |  |  |  |  |
|   |                                       | Page              | 2 of 2        |  |  |  |  |  |  |  |
| DUAL BEAM MICROSCOPE (FIB-SEM) LABORATORY |                                       |                   |               |  |  |  |  |  |  |  |
| SAMPLE SUBMISSION FORM                    |                                       |                   |               |  |  |  |  |  |  |  |

## **Application Details :**

| 1. APPLICANT'S PERSONAL PARTICULARS                            |   |                                     |        |                               |            |  |   |   |  |  |  |
|--|---|-------------------------------------|--------|-------------------------------|------------|--|---|---|--|--|--|
| Name of Applicant  |   |                                     |        |                               |            |  |   |   |  |  |  |
| Status of Applicant  |   | Undergraduates                      |        | Master                        |            | PhD  | Researcher  |   |  |  |  |
| Student Matric No.   |   |                                     |        |                               |            |  |   |   |  |  |  |
| Faculty/ Department  |   |                                     |        |                               |            |  |   |   |  |  |  |
| Hand Phone No.   |   |                                     |        |                               |            |  |   |   |  |  |  |
| Email  |   |                                     |        |                               |            |  |   |   |  |  |  |
| 2. SUPERVISOR DETAILS  |   |                                     |        |                               |            |  |   |   |  |  |  |
| Name of Supervisor   |   |                                     |        |                               |            |  |   |   |  |  |  |
| 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 |                                     |        |                               |            |  |   |   |  |  |  |
|  | I have read and agreed to the General Rules and Requirements  |                                     |        |                               |            |  |   |   |  |  |  |
| 3. PAYMENT   |   |                                     | _      |                               |            | -  |   |   |  |  |  |
| Method of Payment  |   | UTM PayHub System                   |        | Log card                      |            | Invoice  |   |   |  |  |  |
| Mode of Service  | Normal Fast Lane  |                                     |        |                               |            |  |   |   |  |  |  |
|  | Research Vot No.  |                                     |        |                               |            |  |   |   |  |  |  |
| Payment using Invoice  | (e.g.: Q.J091600.24C3.01D32)  |                                     |        |                               |            |  |   |   |  |  |  |
|  | Balance of V29000   |                                     |        |                               |            |  |   |   |  |  |  |
| 4. SAMPLE & ANALYSIS INFORMATION                               | 1   |                                     |        |                               |            |  |   |   |  |  |  |
| Name of Sample   |   |                                     |        |                               |            |  |   |   |  |  |  |
| Total Number of Sample/s                                       |   |                                     |        |                               |            | · · · · · · · · · · · · · · · · · · ·                  |   |   |  |  |  |
| Type of Sample   | Powder Solid Invoice  |                                     |        |                               |            |  |   |   |  |  |  |
|  | Note  | Samples must be dried a             | and ho |                               |            |  |   |   |  |  |  |
| Sample Properties  |   | Тохіс                               |        | Carcinogenic                  |            | Others :   |   | - |  |  |  |
| Sample ID/Labels   |   |                                     |        |                               |            |  |   |   |  |  |  |
| Test Required  | FIB   |                                     |        | In h<br>base<br>Disp<br>Instr |            | based on Manua<br>Dispersive X-Ray<br>Instruments) and | EDX<br>In house-method, UIRL/STP/06<br>based on Manual for Energy<br>Dispersive X-Ray (Oxford<br>Instruments) and Manuals for<br>Scanning Electron Microscope |   |  |  |  |
| Type of FIB Testing  |   | Milling Deposition Preparation of 1 |        | Preparation of TE             | EM Lamella |  |   |   |  |  |  |
| Type of EDX Testing  |   | Point ID                            |        | Linescan Mapping              |            |  |   |   |  |  |  |
| EDX Result Information   | Atomic Weight   |                                     |        |                               |            |  |   |   |  |  |  |
| Expected Elements / Chemical Formula                           |   |                                     |        |                               |            |  |   |   |  |  |  |
| Description / Notes<br>(Eg: Image magnification required etc.) |   |                                     |        |                               |            |  |   |   |  |  |  |