
 <b>UTM</b> UNIVERSITI TEKNOLOGI MALAYSIA	<b>PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)</b>	Form Num.	UURL/F/42
		Version	2/2025
		Effective Date	15/05/2025
		Equipment	Metallurgical Microscope
		Sample Serial No.	UURL/
		Page	1 of 2
<b>MICROSCOPE SAMPLE PREPARATION LABORATORY</b>			
<b>SAMPLE SUBMISSION FORM</b>			

### 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 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 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 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 Metallurgical Microscope should be forwarded to the Assistant Science Officer (Mrs. Norshilyla Binti Mohd Jailani, email: norshilyla@utm.my, tel.: 07-561 0267, Miss. Anis Asyikin Binti Sukari, email: anis.syikin@utm.my, tel.: 07-561 0268) or visit our website at ppmu.utm.my.

**\*All pages must be submitted**

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### Application Details :

1. APPLICANT'S PERSONAL PARTICULARS											
Name of Applicant											
Status of Applicant	<input type="checkbox"/> Undergraduates	<input type="checkbox"/>	<input type="checkbox"/> Master	<input type="checkbox"/>	<input type="checkbox"/> PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Research			
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										
	<input type="checkbox"/> I have read and agreed to the General Rules and Requirements										
3. PAYMENT											
Method of Payment	<input type="checkbox"/>	UTM PayHub System			<input type="checkbox"/>	Log card		<input type="checkbox"/>	Invoice		
Mode of Service	<input type="checkbox"/>	Normal			<input type="checkbox"/>	Fast Lane		<input type="checkbox"/>			
Payment using Invoice	Research Vot No. (e.g.: Q.J091600.24C3.01D32)										
	Balance of V29000										
4. SAMPLE & ANALYSIS INFORMATION											
Name of Sample											
Total Number of Sample/s											
Type of Sample	<input type="checkbox"/>	Powder		<input type="checkbox"/>	Solid		<input type="checkbox"/>	Bulk		<input type="checkbox"/>	Others: _____
Sample Properties (Please tick (/))	<input type="checkbox"/>	Toxic			<input type="checkbox"/>	Carcinogenic		<input type="checkbox"/>	Others : _____		
Sample i.d/Labels											
Magnification of Desire	<input type="checkbox"/>	5x		<input type="checkbox"/>	10x		<input type="checkbox"/>	20x		<input type="checkbox"/>	50x
Test Required	<input type="checkbox"/>	EFI			<input type="checkbox"/>	MIA		<input type="checkbox"/>	Measurement		
Result Information	<input type="checkbox"/>	Full Report			<input type="checkbox"/>	Workbook					
Description / Notes											