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|  UTM UNIVERSITI TEKNOLOGI MALAYSIA | PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU) | Form Num. | UURL/F/17 |
| | | Version | 2/2025 |
| | | Effective Date | 15/05/2025 |
| | | Equipment | PSA |
| | | Sample Serial No. | UURL/ |
| | | Page | 1 of 3 |
| PARTICLE SIZE ANALYZER LABORATORY | | | |
| SAMPLE SUBMISSION FORM | | | |

General Rules and Requirements :


| | |
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| 1. | All information provided should be true. |
| 2. | Sample submission procedure. |
| a. | Complete the Sample Submission Form including a valid research VOT 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 the 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 is presented to the laboratory personnel. |
| 12. | All inquiries regarding the Particle Size Analyzer should be forwarded to Ms. Athirah Hanis Maulat Dzulkapli (email: athirah@utm.my) or Mrs. Siti Nor Asyiqin Ramli (email: sitinorasyiqin@utm.my) 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"/> | Master | <input type="checkbox"/> | PhD | <input type="checkbox"/> | Researcher |
| Student Matric No. | | | | | | | | |
| Faculty/ Department | | | | | | | | |
| Phone No. | | | | | | | | |
| Email | | | | | | | | |
| 2. SUPERVISOR DETAILS <i>(for internal applicant and academic institution only)</i> | | | | | | | | |
| Name of Supervisor | | | | | | | | |
| Staff ID No. | | | | | | | | |
| Faculty/Department | | | | | | | | |
| 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 | | | | |
| Payment using Invoice | Research Vot No. (e.g.: Q.J091600.24C3.01D32) | | | | | | | |
| | Balance of V29000 | | | | | | | |

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| 4. SAMPLE INFORMATION | | | | | | | |
|--|--|---|--|--|----------------|--|--|
| Sample Label & Information | | | | | | | |
| Sample Properties (Please tick (/)) | | Toxic | | | Carcinogenic | | Others: _____ |
| Sample Type | | Powder | | | Liquid | | Sheet/Wafer |
| Measurement Type | | Size | | | Zeta Potential | | Zeta Potential with pH Titration (pH 12-2 ONLY) |
| | | Surface Zeta Potential (Sheet/Wafer sample ONLY) | | | | Molecular Weight (Protein sample ONLY) Known Molecular Formula of sample : <i>*Please refer to Person In Charge if this analysis is required</i> | |
| Dispersant (For Powder Sample) <i>*If no data given, default dispersant used is Deionized Water (RI:1.330)</i> | | | | | | | |
| Sample Material, Refractive Index & Absorption <i>*If no data given, default material is Polystyryn Latex (RI : 1.590 Absorption : 0.010)</i> | Material : | | | | | | |
| | Refractive Index : | | | | | | |
| | Absorption: | | | | | | |
| Ultrasonic (if needed) | Time: _____ mins Temperature : _____ °C | | | | | | |
| Expected Result <i>(within 0.3nm to 10.0microns)</i> | | | | | | | |