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|  UTM UNIVERSITI TEKNOLOGI MALAYSIA | PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU) | Form Num. | UURL/F/89 |
| | | Revision No | 3/2025 |
| | | Effective Date | 15/05/2025 |
| | | Equipment | ULTRACENTRIFUGE |
| | | Sample Serial No. | UURL/ |
| | | Page | 1 of 3 |
| PARTICLE SIZE ANALYZER LABORATORY | | | |
| SAMPLE SUBMISSION FORM (INDUSTRY) | | | |

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 |
| | 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 Ultracentrifuge should be forwarded to Ms. Athirah Hanis Maulat Dzulkapli (email: athirah@utm.my) or Mrs. Malahah Mohamed (email: malahah@utm.my) or visit our website at ppmu.utm.my |

***All pages must be submitted**

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Application Details :

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| 1. APPLICANT'S PERSONAL PARTICULARS | | | | |
| Name of Applicant | | | | |
| Hand Phone No. | | | | |
| Email | | | | |
| Department/Division | | | | |
| Name of Head of Department/Division | | | | |
| 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 | | |
| 2. COMPANY DETAILS | | | | |
| Name | | | | |
| Registration No. | | | | |
| Address | | | | |
| Telephone No. | | | | |
| Email | | | | |
| 3. PAYMENT | | | | |
| Method of Payment | | UTM PayHub | | Invoice |
| Mode of Service | | Normal | | Fastlane |
| 4. SAMPLE INFORMATION | | | | |
| No. of Sample | | | | |

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|-------------------------------------|--------------------------|-------|--------------------------|--------------|--------------------------|---------------|
| Sample Label & Information | | | | | | |
| Sample Type | | | | | | |
| Sample Properties (Please tick (/)) | <input type="checkbox"/> | Toxic | <input type="checkbox"/> | Carcinogenic | <input type="checkbox"/> | Others: _____ |
| Solvent used | | | | | | |
| Temperature (°C) | | | | | | |
| Speed (RPM) | | | | | | |