
 UTM UNIVERSITI TEKNOLOGI MALAYSIA	PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)	Form Num.	UURL/F/24
		Version	2/2026
		Effective Date	3/6/2026
		Equipment	LCMS-QTOF
		Sample Serial No.	UURL/
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ADVANCED MASS SPECTROMETRY 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 the Client Confidentiality Statement (Appendix 1).
	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. This service is subject to availability and incurs an additional 50% charge on top of the standard price. Torequest this service, customers must contact the person in charge. Full payment is required upon service confirmation.
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.
6.	Only samples that are ready to be analyzed are accepted by the laboratory.
7.	The remaining samples must be collected by the customer after completion of the analysis. Please inform to the person in charge of the instrument for the sample collection date. Any uncollected samples will be disposed of by the laboratory after one month from result release date. For rejected samples, customers are required to collect the samples within three (3) working days after being informed of the rejection.
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 person in charge of the instrument.
12.	All inquiries regarding LCMS-QTOF should be forwarded to the person in charge of the instrument Science Officer, Mrs. Malahah Mohamed (email: malahah@utm.my) or Assistant Science Officer, Mrs. Shamimi binti Ismail (email: shamimi.ismail@utm.my). UURL Sample Acceptance Counter phone no.: 07-5333360 (working hours). Visit our website at ppmu.utm.my for more information.

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"/>	Undergraduate	<input type="checkbox"/>	Master	<input type="checkbox"/>	PhD	<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							
	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							
4. SAMPLE & ANALYSIS INFORMATION (please attach referred journal)								

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Name of Sample																												
Sample i.d/Labels																												
Total Number of Sample/s																												
Sample Properties (Please tick (/))	<input type="checkbox"/> Toxic	<input type="checkbox"/>	<input type="checkbox"/> Carcinogenic	<input type="checkbox"/> Others : _____																								
Sample Information to take note	<ul style="list-style-type: none"> * Samples used for LCMS QTOF need to be completely dissolved in solvent (i.e Methanol, Acetonitrile). * Strictly, no halogenated solvent (i.e Chloroform, Dichloromethane) is allowed. * Sample preparation must be done by the applicant and should be done accordingly to the type of analysis. * All samples must be filtered to remove any particulate matter. * Please bring along the solvent used for your sample. * Label all samples clearly with your name, date, sample's ID and wrapped in zipper bag * References in the form of journals / standard methods / relevant technical reports should be attached to ensure compatibility with the instrument. 																											
Concentration <i>(Not more than 3 ppm)</i>																												
Mobile Phase A with ratio																												
Mobile Phase B with ratio																												
Flow Rate (ml/min)																												
Injection Volume (µL)																												
Gradient Elution <i>(Add in extra paper if space not enough)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #333; color: white;"> <th style="width: 25%;">Time</th> <th style="width: 25%;">A (%)</th> <th style="width: 25%;">B (%)</th> <th style="width: 25%;">Hold Time (min)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Time	A (%)	B (%)	Hold Time (min)																				
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Mode		LCMS QTOF		QTOF ONLY	
Ion Polarity		Positive		Negative	Both
Mass Range (m/z)					
Additional Informations	Capillary Voltage (V)				
	Nozzle Voltage (V)				
	Fragmentor Voltage (V)				
	Nebulizer Pressure (N ₂) (psi)				
	Drying Gas Temperature (°C)				
	Drying Gas Flow (L/min)				
	Sheath Gas (L/min)				
Type of Columns (Please tick (/))	<input type="checkbox"/> ZORBAX EXTEND-C18 (2.1 X 50mm/ 1.8 micron)				
	<input type="checkbox"/> ZORBAX ECLIPSE PLUS C18 (2.1 X 50mm/ 1.8 micron)				
	<input type="checkbox"/> ZORBAX SB-C18 (2.1 X 150mm/ 1.8 micron)				
	<input type="checkbox"/> ZORBAX SB-C18 (4.6 X 50mm/ 5 micron)				
	<input type="checkbox"/> POROSHELL 120 EC-C18 (4.6 X 100mm/ 2.7 micron)				
	Column Temperature (°C): _____				

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Details of Targeted Compound (Use additional paper if not enough)	No	Molecular Weight (MW)	Chemical Formula	Retention Time
	1.			
	2.			
	3.			
	4.			
	5.			
List of Library (Please tick (/)) (Max 2 libraries, 3 onwards will be charge)	<input type="checkbox"/>	Metlin-Metabolites		
	<input type="checkbox"/>	Metlin-Lipids		
	<input type="checkbox"/>	Metlin-Pesticides		
	<input type="checkbox"/>	Metlin-Peptides		
	<input type="checkbox"/>	Sulfas & VetDrugs		

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Appendix 1

Client Confidentiality Statement

University Industry Research Laboratory (UURL), Universiti Teknologi Malaysia (UTM) strive to maintain all confidential, proprietary information, or trade secrets in strict trust and confidence. UURL ensures such information shall only be used for the purposes stated above and shall not be used for any other purpose or disclosed to any third party without the express written consent of the UURL customer.

UURL



 Name: Zaidah Rahmat

Designation: Quality Manager

Date: 21 January 2026

UURL Customer

 Name:

Name of Institution/ Company:

Date: