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|  <b>UTM</b><br><small>UNIVERSITI TEKNOLOGI MALAYSIA</small> | <b>PUSAT PENGURUSAN MAKMAL<br/>UNIVERSITI (PPMU)</b> | Form Num.         | UURL/F/174 |
|                                                                                                                                              |                                                      | Version           | 3/2026     |
|                                                                                                                                              |                                                      | Effective Date    | 17/8/2026  |
|                                                                                                                                              |                                                      | Equipment         | DIWATER    |
|                                                                                                                                              |                                                      | Sample Serial No. | UURL/      |
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| <b>SAMPLE PREPARATION LABORATORY (CHEMICAL)</b>                                                                                              |                                                      |                   |            |
| <b>SAMPLE SUBMISSION FORM (INDUSTRY)</b>                                                                                                     |                                                      |                   |            |

### General Rules and Requirement

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. A suitable container must be provided by the customer. 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 delivers results within 3–7 working days, compared to the standard 14 working days. This service is subject to availability and incurs an additional 50% charge on the standard testing fee. Customers wishing to use this service must contact the person in charge. Payment must be made via Log card (for UTM customers only) or the UTM PayHub system (for UTM and non-UTM customers) to confirm the service request. Full payment and proof of payment are required to confirm the booking. |
| 4. | PPMU has the right to cancel customer request if suspected to have a high risk on the safety of the operator or can cause damage to the instrument. The cost of damages will be borne by the customer.                                                                                                                                                                                                                                                                                                                                              |
| 5. | Quotation will be provided upon request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. | Payment must be made within fourteen (14) working days after invoice is issued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7. | Payment proof must be presented to the person in charge of the instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 8. | All inquiries regarding <b>DIWATER</b> should be forwarded to Assistant Engineer, Mr. Amirul Amin Khir Anuar (email: amirulamin@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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| <b>SAMPLE PREPARATION LABORATORY (CHEMICAL)</b>                                                                               |                                                      |                   |            |
| <b>SAMPLE SUBMISSION FORM (INDUSTRY)</b>                                                                                      |                                                      |                   |            |

**Application Details :**

|                                            |  |                                                                                                           |           |
|--------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|-----------|
| <b>1. APPLICANT'S PERSONAL PARTICULARS</b> |  |                                                                                                           |           |
| Name of Applicant                          |  |                                                                                                           |           |
| Hand Phone No                              |  |                                                                                                           |           |
| Email                                      |  |                                                                                                           |           |
| 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                                              |           |
| <b>2. COMPANY DETAIL</b>                   |  |                                                                                                           |           |
| Name                                       |  |                                                                                                           |           |
| Registration No.                           |  |                                                                                                           |           |
| Address                                    |  |                                                                                                           |           |
| Telephone No.                              |  |                                                                                                           |           |
| Email                                      |  |                                                                                                           |           |
| <b>3. PAYMENT</b>                          |  |                                                                                                           |           |
| Method of Payment                          |  | UTM PayHub System                                                                                         | Invoice   |
| Mode of Service                            |  | Normal                                                                                                    | Fast Lane |
| <b>4. REQUEST INFORMATION</b>              |  |                                                                                                           |           |
| Liters Required                            |  | *Requester must bring your own container to collect the water.                                            |           |

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| <b>SAMPLE PREPARATION LABORATORY (CHEMICAL)</b>                                                                                              |                                                      |                   |            |
| <b>SAMPLE SUBMISSION FORM (INDUSTRY)</b>                                                                                                     |                                                      |                   |            |

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

UURL Customer



\_\_\_\_\_  
Name: Zaidah Rahmat

\_\_\_\_\_  
Name:

Designation: Quality Manager

Name of Institution/ Company:

Date: 21 January 2026

Date: