



**UTM**  
UNIVERSITI TEKNOLOGI MALAYSIA

**PUSAT PENGURUSAN MAKMAL  
UNIVERSITI (PPMU)**

Form Num.	UURL/F/20
Revision No.	1/2021
Effective Date	01/05/2021
Equipment	CD SPECTROMETER
Sample Serial No.	

**MOLECULAR SPECTROSCOPY LABORATORY  
SAMPLE SUBMISSION FORM**

**General Rules and Requirement:**

- All information provided should be true
- Booking will be notify/updated by email or phone call
- Booking procedure
  - Complete the application form including valid research vote number
  - Submit the completed application form to UIRL Sample Acceptance Counter
- Sample Condition & Preparation
  - PPMU has the right to cancel any analysis if the sample is suspected to have 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.**
  - Samples submitted should be non-hazardous, non-toxic and nonpathogenic. No radioactive or microbial samples are allowed.
  - Compulsory to attach the journals/standard methods/relevant technical reports referred to with this form.
  - Applicant(s) are required to retrieve all the samples after analysis.
- All inquiries regarding CD spectrometer should be forwarded to the Assistant Science Officer, Nurhariani binti Jamhari (Email: nurhariani@utm.my / Tel.no: 07-5557729).

**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						
Hand Phone No. & Email						

**2. SUPERVISOR DETAILS (for internal applicant and academic institution only)**

Name of Supervisor						
Staff ID No.						
Faculty/Department						
Hand Phone No.						
Email						
Mode of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> EFT	<input type="checkbox"/> Log card	<input type="checkbox"/> Invoice		
*Payment using invoice	Research Vot No. (e.g.: Q.J091600.24C3.01D32)					
	Balance of V29000					
Signature & Official Stamp						

**3. SAMPLE INFORMATION**

Name of Sample						
Sample ID						
Range of Wavelength (nm) (Min 175 nm & Max 800 nm)	Low: _____	High: _____	Step: _____			
Signal	<input type="checkbox"/> CD	<input type="checkbox"/> Absorbance				
Name of Solvent						
Temperature (°C) (20°C - 25°C)						
Temperature Ramping (°C) (Fill in if needed, 20°C - 95°C)	Start: _____	Stop: _____	Step: _____			
Essential Parameter (Fill in if there's information/ tick if not known)	<input type="checkbox"/> Molecular Mass (Da)	<input type="checkbox"/> Concentration (mg/ml)	<input type="checkbox"/> No. Amino Acid	<input type="checkbox"/> Path length		