

 UTM UNIVERSITI TEKNOLOGI MALAYSIA	PUSAT PENGURUSAN MAKMAL UNIVERSITI (PPMU)	Form Num.	UURL/F/95
		Revision No	1/2021
		Effective Date	01/05/2021
		Equipment	LCMS-QTOF
		Sample Serial No.	
ADVANCED MASS SPECTROMETRY LABORATORY			
SAMPLE SUBMISSION FORM (INDUSTRY)			

General Rules and Requirement:

- All information provided should be true.
- Booking will be notified/updated by email or phone.
- Booking procedure
 - Complete the application form including company details.
 - Submit the completed application form to UURL 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 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.
 - Please bring along the solvent used for your sample.
- All inquiries regarding LCMS-QTOF should be forwarded to the Science Officer Mdm. Malahah Binti Mohamed (Ext: 07-5557729 / 57718, email: malahah@utm.my)

1. APPLICANT'S PERSONAL PARTICULARS				
Name of Applicant				
Hand Phone No.				
Email				
Department/Division				
Name of Head of Department/Division				
Signature & Official Stamp				
2. COMPANY DETAILS				
Name				
Registration No.				
Address				
Telephone No.				
Email				
Mode of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> EFT	<input type="checkbox"/> Invoice	
3. SAMPLE INFORMATION				
No. of Samples Submitted & Labels				
Name of Sample				
Mobile Phase	A : _____		B : _____	
Mode	<input type="checkbox"/> LCMS QTOF	<input type="checkbox"/> QTOF ONLY	<input type="checkbox"/> DART	
Ion Polarity	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Both	
Flow Rate (ml/min)				
Injection Volume (µL)				
Mass Range (m/z)				
Gradient Elution <i>(Add in extra paper if space not enough)</i>	Time	A (%)	B (%)	Hold Time (min)



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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.			
Type of Columns	<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)		
Others : _____				
Additional Information	Column Temperature (°C)			
	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)			