



UTM
UNIVERSITI TEKNOLOGI MALAYSIA

**PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)**

Form Num.	UURL/F/24
Revision No	1/2021
Effective Date	01/05/2021
Equipment	LCMS-QTOF
Sample Serial No.	

**ADVANCED MASS SPECTROMETRY LABORATORY
SAMPLE SUBMISSION FORM**

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 valid research vote number
 - 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					
Status of Applicant	<input type="checkbox"/> Undergraduates	<input type="checkbox"/> Master	<input type="checkbox"/> PhD	<input type="checkbox"/>	<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"/>	<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					
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"/>	<input type="checkbox"/>	<input type="checkbox"/> DART
Ion Polarity	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Both
Flow Rate (ml/min)					
Injection Volume (µL)					
Mass Range (m/z)					
Gradient Elution (Add in extra paper if space not enough)	Time	A (%)	B (%)	Hold Time (min)	
Details of Targeted Compound	No	Molecular Weight (MW)	Chemical Formula	Retention Time	

(Use additional paper if not enough)	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)	
Additional Information	<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 : _____		
	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)			