



**PUSAT PENGURUSAN MAKMAL
UNIVERSITI (PPMU)**

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|-------------------|---------------|
| Form Num. | UURL/F/37 |
| Version | 1/2021 |
| Effective Date | 01/05/2021 |
| Equipment | OVEN DIGESTOR |
| Sample Serial No. | UURL/ |

**SAMPLE PREPARATION LABORATORY
SAMPLE SUBMISSION FORM**

General Rules and Requirement:

1. All information provided should be true
2. Booking will be notified/updated by email
3. Booking procedure
 - a. Complete the application form including a valid research vote number.
 - b. Submit the complete application form to UURL Sample Acceptance Counter
4. Sample Condition & Preparation
 - a. **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.**
5. All enquiries regarding the instrument should be forwarded to the Science Officer (Mrs Norzubaidha Ismail / Assistant Science Officer, Ms Siti Nurul Aini Asbullah 07-5557720/07-5557729)

| 1. APPLICANT'S PERSONAL PARTICULARS | | | | | | | | | |
|--|--|-----------|--------------------------|--------------|--------------------------|----------|--------------------------|----------|--------------------------|
| Name of Applicant | | | | | | | | | |
| Status of Applicant | <input type="checkbox"/> | Undergrad | <input type="checkbox"/> | Master | <input type="checkbox"/> | PhD | <input type="checkbox"/> | Research | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| Payment using Invoice | Research Vot No. (e.g.: Q.J091600.24C3.01D32) | | | | | | | | |
| | Balance of V29000 | | | | | | | | |
| Signature & Official Stamp | | | | | | | | | |
| 3. SAMPLE & ANALYSIS INFORMATION | | | | | | | | | |
| No. of Sample | | | | | | | | | |
| Type of Sample | <input type="checkbox"/> | Solid | <input type="checkbox"/> | Liquid | <input type="checkbox"/> | Powder | <input type="checkbox"/> | | <input type="checkbox"/> |
| Name of Sample (e.g.: fertilizer, sludge, water) | | | | | | | | | |
| Sample ID | | | | | | | | | |
| Sample Properties | <input type="checkbox"/> | Toxic | <input type="checkbox"/> | Carcinogenic | <input type="checkbox"/> | Normal | <input type="checkbox"/> | | <input type="checkbox"/> |