

INSTRUMENTAL ANALYSIS APPLICATION FORM

ADVANCED MEMBRANE TECHNOLOGY RESEARCH CENTRE (AMTEC)
HIGHER INSTITUTIONS CENTRE OF EXCELLENCE (HICoE)
BLOK N29a, FACULTY OF CHEMICAL & ENERGY ENGINEERING
81310 UTM SKUDAI, JOHOR
 Tel: 07-553 5925/ 553 5624; Fax: 07-553 5625



Vot No: 66132 Butiran Bajet Kump. Wang: A Jenis Projek: 5267 PTJ: J091300 Sub. Projek: 09082

A. INSTRUMENT APPLICATION FORM

STUDENT NAME : _____
 TEL. NUMBER : _____
 FACULTY/DEPARTMENT : _____
 TYPE OF PROJECT : PSM / MSC. / PHD / RESEARCH PROJECT / INDUSTRIAL CONSULTANCY
 PROJECT TITLE : _____

 VOT NUMBER : _____ VOT COMPLETION DATE : _____
 B29000 BALANCE : _____
 SUPERVISOR NAME : _____
 DATE OF FORM SUBMISSION : _____

.....
 Signature of Supervisor/Project Leader and Cop

Contact No. : _____ - _____

Sample Justification	Instrument/Analyzer	(v)	No. of Sample	Price (RM)
Specified Reference(s):	1. THERMAGRAVIMETRIC (TGA)			RM50/sample
	2. DIFFERENTIAL SCANNING CHALORIMETER (DSC)			RM50/sample
	3. IMPEDANCE ANALYSER PROTON CONDUCTIVITY			RM30/sample
Parameters:	4. ZETA POTENTIAL SURPASS ANALYSER			RM30/sample
	5. VISCOMETER			RM30/sample
	6. UV-VIS SPECTROPHOTOMETER DR4000/DR5000			RM30/sample
	7. FRONTIER TRANSFORM INFRARED (FTIR)			RM30/sample
	8. CCVD SYSTEM			FOC
	9. PECVD SYSTEM			FOC
	10. HIGH TEMPERATURE FURNACE SYSTEM			FOC
	11. DMFC ANALYSER			RM30/sample
	12. MICRO GAS CHROMATOGRAPHY (MICRO GC)			RM30/sample
	13. HOLLOW FIBER SPINNING SYSTEM			FOC
Remarks:	14. FLAT SHEET MEMBRANE CASTING SYSTEM			FOC
	15. ULTRAFILTRATION/NANOFILTRATION SYSTEM			FOC
	16. REVERSE OSMOSIS SEPARATION SYSTEM			FOC
	17. GAS SEPARATION SYSTEM			FOC
	18. SCANNING ELECTRON MICROSCOPE (SEM)			RM50/sample
	19. SCANNING ELECTRON MICROSCOPE (EDX)			RM50/sample
	20. TOTAL ORGANIC CARBON ANALYZER			RM30/sample
	21. CONTACT ANGLE			RM30/sample
	22. HPLC (UV-DETECTOR)			RM30/sample
	23. HPLC (RI DETECTOR)			RM30/sample

Note:

1. Please fill the work justification/project above.
2. Please tick (/) the instrument selection and number of sample(s) to be analyzed.

B. FOR LAB MANAGEMENT APPROVAL AND CONFIRMATION PURPOSES

Instrument Instructor :

Date of Analysis :

.....
Research Officer/Assistant Engineer Signature & Cop

Contact No. :
Name :
Date :

C. APPROVAL

Confirmed/Approved by Director/Manager :

.....
Name :
Date :

D. ANALYSIS SUMMARY

Total sample(s) Analyzed :

Analysis Report Deliver To :

Analysis Report Delivery Date :

Remark : _____

