

APPLICATION FORM



IC TESTING & ANALYSIS SERVICE

For Laboratory Use Only

Received date

Ref. no. : ICM/A/202__/

Tested by : Ms. Juriah / Ms. Nurul Ain

Quotation no. :
Date completed :

| | APPLIC | ANT INFORMATION | SAMPLE INFORMATION | | | | |
|---|-----------|---|---|--|--|--|--|
| NAME ADDRESS | : | | Soils/sediments Drinking Water/ Fresh Water/ River/ Lake/ Seawater Others | | | | |
| CONTACT NO. | : | | No. of Sample Submission : | | | | |
| | SAMPLE | HANDLING DETAILS | DILUTION | | | | |
| Store samples in the fridge / freezer | | | Yes (Please specify the dilution factor) | | | | |
| Store sample in the room temperature | | | No | | | | |
| Other handling instructions or hazard information: (Please specify) | | | | | | | |
| | | DETAILS OF A | NALYSIS | | | | |
| | | | | | | | |
| | | Type of An | | | | | |
| | | Cation Sodium (Na+) Lithium (Li+) Potassium (K+) Calcium (Ca2+) Magnesium (Mg2+) Ammonium (NH+4) | Anion Fluoride (F ⁻) Bromide (Br) Chloride (Cl ⁻) Nitrite (NO ²) Nitrate (NO ³) Phosphate (PO ² - ₄) Sulphate (SO ² - ₄) | | | | |
| | | | | | | | |
| CONFIRMATION OF USING SERVICE | | | | | | | |
| Applicant | oignoture | | Data | | | | |
| Applicant | signature | · | Date : | | | | |



APPLICATION FORM

FORM A
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RESEARCH FUND INFORMATION

(1) For Internal Grant (UMRG, PPP, BKP,.) and External Grant (SCIENCE Fund, FRGS.)

Please do fund transfer to

Account : AKAUN BUKU PETUNJUK JABATAN KIMIA J-21030-UM.0000003/KWJ.NP.BP

Revenue Code : H724001

Description : Usage of IC instrument Amount : As per service charge

(2) Service charge as follow. For **latest charge** please refer to Chemistry Department Central Facility Website: cenfac.um.edu.my

| | Equipment | Price (RM/sample) | | Standard colution (DM) |
|--|-----------|----------------------|---------------------|------------------------|
| | | Chemistry Department | Faculties within UM | Standard solution (RM) |
| | IC | 20 | 50 | 50 |

- (3) The print-out Invoice Commitment must be approved by Supervisor and Head of Department.
- (4) Please submit Invoice Commitment together with the application form.

We agree to make the payment in accordance to the service charge issued by Department of Chemistry, Faculty of Science, University of Malaya

RESEARCH GRANT NAME : RESEARCH GRANT NO. :

SUPERVISOR'S SIGNATURE : DATE :

& OFFICIAL STAMP

IMPORTANT INFORMATION

- 1. User(s) are required to:
- (a) Supply their own standard solutions if such standard are not available in the IC laboratory
- (b) Book slot for analysis
- (c) Complete the form prior to analysis
- (d) Do fund transfer
- 2. Samples should be filtered using 0.2 or 0.45 µm syringe filter and place in 11ml IC Tube / 15ml Centrifuge Tube.
- 3. Training will be provided upon request. Trained user are allowed to use the instrument under the supervision of IC staff

For any queries please contact:

| Resource person | Name | Phone | Email |
|---------------------------|------------------------|------------------------|------------------------|
| Assistant Science Officer | Juriah Seko | 03-7967 7022 ext. 2118 | cahayainsani@um.edu.my |
| Assistant Science Officer | Nurul Ain Hasani | 03-7967 7022 ext. 2118 | ain88@um.edu.my |
| Science Officer | Nur Izzati Abdol Rasul | 03-7967 4067 | n_izzati@um.edu.my |