

**For Laboratory Use Only**

Received date :  
 Ref. no. : IC/A/202\_\_/  
 Tested by : Ms. Jariah / Mrs. Haizura  
 Quotation no. :  
 Date completed :

**IC TESTING & ANALYSIS SERVICE**

**APPLICANT INFORMATION**

NAME :  
 ADDRESS :  
 CONTACT NO. :  
 EMAIL :

**SAMPLE INFORMATION**

Soils/sediments  
 Drinking Water/ Fresh Water/ River/ Lake/ Seawater  
 Others.....

No. of Sample Submission : \_\_\_\_\_

**SAMPLE HANDLING DETAILS**

Store samples in the fridge / freezer  
 Store sample in the room temperature  
 Other handling instructions or hazard information:  
 (Please specify).....

**DILUTION**

Yes (Please specify the dilution factor).....  
 No

**DETAILS OF ANALYSIS**

Type of Analysis	
Cation	Anion
<input type="checkbox"/> Sodium (Na <sup>+</sup> )	<input type="checkbox"/> Fluoride (F <sup>-</sup> )
<input type="checkbox"/> Lithium (Li <sup>+</sup> )	<input type="checkbox"/> Bromide (Br <sup>-</sup> )
<input type="checkbox"/> Potassium (K <sup>+</sup> )	<input type="checkbox"/> Chloride (Cl <sup>-</sup> )
<input type="checkbox"/> Calcium (Ca <sup>2+</sup> )	<input type="checkbox"/> Nitrite (NO <sup>2-</sup> )
<input type="checkbox"/> Magnesium (Mg <sup>2+</sup> )	<input type="checkbox"/> Nitrate (NO <sup>3-</sup> )
<input type="checkbox"/> Ammonium (NH <sup>4+</sup> )	<input type="checkbox"/> Phosphate (PO <sup>2-4</sup> )
	<input type="checkbox"/> Sulphate (SO <sup>2-4</sup> )

**CONFIRMATION OF USING SERVICE**

Applicant signature : \_\_\_\_\_

Date : \_\_\_\_\_

**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 solution (RM)
	Chemistry Department	Faculties within UM	
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**

- User(s) are required to:
  - Supply their own standard solutions if such standard are not available in the IC laboratory
  - Book slot for analysis
  - Complete the form prior to analysis
  - Do fund transfer
- Samples should be filtered using 0.2 or 0.45  $\mu\text{m}$  syringe filter and place in 11ml IC Tube / 15ml Centrifuge Tube.
- 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	Siti Haizura Md Salleh	03-7967 2125	haizura@um.edu.my
Science Officer	Nur Izzati Abdol Rasul	03-7967 4067	n_izzati@um.edu.my

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 CHEMISTRY LABORATORY BUILDING  
 Chemistry Department  
 Faculty of Science  
 University of Malaya  
 50603 Kuala Lumpur, Malaysia

FD-L5-9 IC LABORATORY,  
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