

## **APPLICATION FORM**

FORM A
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# HPLC TESTING & ANALYSIS SERVICE

## For Laboratory Use Only

Received date

Ref. no. : HPLC/A/20\_\_\_/

Quotation no.

Date completed

	APP	LICANT INFORMATION			SAMPLE INFORMAT	ION
NAME	:			No. of sample subm	nission:	
SUPERVISOR	:			Please ( $\sqrt{\ }$ ) at the rel	evant box:	
MATRIX NO	: Please (√) at the relevant box:  □ RESEARCH ASSISTANT  □ UNDERGRADUATE / PROJECT STUDENT  □ POSTGRADUATE (Master/PhD)  □ OTHERS (Postdoctoral/lecturer)			Sample handling:  ☐ Stench chemicals. Store in tight seal container keep in air vented cabinet.  ☐ Acid sensitive ☐ Others:  Hazardous information:		
CONTACT NO.	:			Carcinogenic	☐ Yes	□ No
EMAIL	:			Toxic	☐ Yes	□ No
			DETAILS OF	ANALYSIS		
Sample ID	mple ID Sample Solvent Solvent A			Detector		
- Campic ib		oumpie ouvent	Solvent A	Solvent B	Gradient	Flow Rate
			CONFIRMATION OF	USING SERVICE		

CONTINUATION OF CONTOC SERVICE					
Applicant signature : Date :					



### **APPLICATION FORM**



#### RESEARCH FUND INFORMATION

(1) For HIR, please issue Journal Transfer Form and complete the form. Send a copy of completed form to HPLC laboratory. For Internal Grant (UMRG, PPP,BKP,.) and External Grant (SCIENCE Fund, FRGS,.)

Please do fund transfer to

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

Revenue Code : H724001

Description : Usage of HPLC 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

			Price			
	Equipment	Detector	Chemistry Department			Faculties within UM
	Equipment		Package A (RM/year)	Package B (RM/6 months)	Package C (RM/day)	(RM/sample)
	HPLC	PDA	1000	600	50	125

- (3) The print-out Invoice Commitment must be approved by Supervisor and Head of Department.
- (4) Please submit 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. Type of detector: Evaporative Light Scattering (ELS) and Photodiode Array (PDA)
- 2. Max volume for loading sample: 0.5-150mL/min
- 3. User(s) are required to retrieve all the samples after analysis

#### For any queries please contact:

Resource person	Name	Phone	Email
Senior Assistant Science Officer	Ruhaida Bahru	03-7967 7022 ext. 2124	i_da@um.edu.my
Assistant Science Officer	Siti Haizura Md Salleh	03-7967 7022 ext. 2124	haizura@um.edu.my

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