

**TOC TESTING & ANALYSIS
SERVICE**

For Laboratory Use Only

Received date :
Ref. no. : TOC/A/20___/
Quotation no. :
Date completed :

APPLICANT INFORMATION

NAME :
SUPERVISOR :
MATRIX NO :
Please (√) at the relevant box:
 RESEARCH ASSISTANT
 UNDERGRADUATE / PROJECT STUDENT
 POSTGRADUATE (Master/PhD)
 OTHERS (Postdoctoral/lecturer)

CONTACT NO. :

EMAIL :

SAMPLE INFORMATION

Wastewater
 River/lake water
 Leachate
 Drinking water
 Sediment/Soil
 Others : _____

DETAILS OF ANALYSIS

Type of Analysis : TC IC TOC TN (Liquid sample Only)

Sample	Weight/Volume (mg/ml)			Remark
	1	2	3	

CONFIRMATION OF USING SERVICE

Applicant signature : _____

Date : _____

RESEARCH FUND INFORMATION

- (1) For HIR, please issue Journal Transfer Form and complete the form. Send a copy of completed form to Analytical 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 TOC 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	Element Detection	Price			
		Standard Calibration (RM/day)	Chemistry Department		Faculties within UM (RM/sample)
			Package A (RM/year)	Package B (RM/slot) *3 hours/slot	
TOC	TOC-L (TC/IC/TOC/TN)	150	1000	50	100
	TOC-SSM (TC/IC/TOC)	200			120

- (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

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
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