

APPLICATION FORM

Received date Ref. no.

Quotation no.

FORM A
Page 1 of 2

XRF TESTING & ANALYSIS SERVICE

	Page
For Laboratory U	se Only

XRF/A/20___/

	Date completed :		
	APPLICANT INFORMATION	SAMPLE INFORMATION	
NAME	:	No. of sample submission:	
SUPERVISOR	:	No. of irradiated spot :	
MATRIX NO	: Please (√) at the relevant box: ☐ RESEARCH ASSISTANT ☐ UNDERGRADUATE / PROJECT STUDENT ☐ POSTGRADUATE (Master/PhD) ☐ OTHERS (Postdoctoral/lecturer)		
CONTACT NO.	:		
EMAIL	:		

DETAILS OF ANALYSIS

Sample code	Type of sample 1		Element Detection	
	Solid	Type of sample ¹ Liquid	Film	(from AI to U)

CONFIRMATION OF USING 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 Xray 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 XRF 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/scan)		
	Chemistry Department	Faculties within UM	
XRF	50	150	

- (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. Max sample size for analysis: 200(W) × 300(D) × 40(H)mm
- 2. Irradiated diameter ~ approximate 50 μm. Detection area: 5mm²
- 3. Users are required to
 - (a) Complete the form prior to analysis
 - (b) Do fund transfer

For any queries please contact:

Resource person	Name	Phone	Email
Science Officer	Muhammad Fauzan Zainudin	03-7967 7022 ext. 2539	fauzan@um.edu.mv

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