



**FAKULTI SAINS DAN TEKNOLOGI
UNIVERSITI SAINS ISLAM MALAYSIA
71800 NILAI, NEGERI SEMBILAN**

Form Num.	HPLC
Sample No.	HPLC

**HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC) ANALYSIS APPLICATION FORM
(HPLC / UHPLC)**

APPLICANT'S PERSONAL PARTICULARS							
Name of Applicant							
Status of Applicant	Internal	Undergraduate		Master/PhD		Collaborator	
	External	Student		Government		Private	
Student ID / IC No.							
Faculty/ Department							
Hand Phone No. & Email							
SUPERVISOR DETAILS							
Name of Supervisor							
Research Vot. No.							
Faculty/Department							
Payment via *	Cash / Electronic Fund Transfer (EFT)					Local Order (LO) / Purchase Order (PO)	
	Direct Invoice			Vot Transfer			
Hand Phone No. & Email							
Signature & Official Stamp Date		Signature:			Stamp:		
<i>I hereby declare that all information provided is true.</i>							
ANALYSIS INFORMATION							
HPLC Type	Preparative HPLC		Analytical HPLC		*Please tick Analytical, detectors: UV & fluorescence Preparative, detector: DAD/ELSD		
Standard Name/Type:	Standard concentration:		ppm	ppm	ppm	ppm	
	Label as:						
	No of Replicates:				Single standard	No / yes	
*injections/replicates for standard are charged same as samples *standard should be filtered using 0.2 or 0.45µm syringe filter & place in 2ml vials							
Sample Name/Type: <i>Maximum number of sample for USIM undergraduate : 10 samples including standard</i>	Type:		Sample Origin:		Sample Purity: (Crude / Pure)		
	Sample Toxicity: (Carcinogenic/Not Sure)			Sample Storage: (Room Temperature/ 4° C)			
	List of sample with labels:						
	1		6				
	2		7				
	3		8				
	4		9				
5		10					
* Please attach additional list of samples if necessary * Samples must be filtered using 0.2 or 0.45µm syringe filter & place in 2ml vials							
Mobile Phase <i>List HPLC Grade Solvent: (Acetonitrile/methanol/formic acid/TFA/deionized water)</i>	A :			C :			
	B :			D :			
Column	*Provided		Length:	Diameter:			
	Column Type:		Length:	Diameter: µm			
	Max Column Pressure:		*If using your own column please fill information needed				
Method of Analysis <i>(Please attach main journal for method references)</i>	Flow Rate: _____ ml/min		Detector: UV/DAD/Fluorescences/ELSD				
	Dual/ Single,		Channel Detector: _____ nm, _____ nm				
	Column Oven: _____ °C		Injection Volume:				
	Time	% A	%B	%C	%D		

Please Specify any Result Expectation (eg. Concentration range)					
Sample should be returned *	Yes				
	No (If no, please enclosed disposal procedure)				
OFFICE USE					
Date of Received					
Date of Completion					
Signature & Stamp of Person In-Charge					

*Please tick

General Rules and Requirement:

1. Any sample or derivation of swine/pork/lard/pig/dogs type is not accepted for analysis purposes.
2. Please refer to the website (<https://fst.usim.edu.my/>) for further details of pricing and instrument. All analysis prices are subject to change.
3. All information provided should be true.
4. Booking procedure
 - a. Complete the application form including valid Research Vot. No.
 - b. Submit the completed application form to the lab staff. Please attached the reference journal/method of analysis.
5. Sample Condition & Preparation
 - a. Please be ensure the **MINIMUM SAMPLE VOLUME REQUIRED 0.5 to 1ML PER VIAL** or **USE INSERTER FOR SMALL VOLUME.**
 - b. **MINIMUM SAMPLE FOR ANALYSIS AT LEAST 10 SAMPLES.**
 - c. **PACKAGING; SAMPLE SHOULD BE FILLED IN 2 ML VIALS & READY FOR INJECTION.**
 - d. **ALL MOBILE PHASE, SAMPLE & STANDARD MUST BE FILTERED.**
 - e. Any relatively high concentration of the samples will be made further dilution upon discussion between client & person in-charge.
 - f. **REPLICATES ARE CONSIDERED AS SAMPLES.**
 - g. Column provided as stated in this form, otherwise user should provide your own specific column.
 - h. Makmal FST has the right to cancel any analysis if the sample is suspected to have high risk on the safety of the operator or can cause damage to the instrument during the analysis.
6. All inquiries regarding HPLC instrument should be forwarded to the Lab Officer (Pn.Normah Binti Haron/ 06-7986517/ pembm.fst7@usim.edu.my)

REMARKS - OFFICE USE					
NO	DESCRIPTION				CHECKLIST - PIC
1	Storage		Room		Location:
			4°C		
			-20°C		
			-80°C		
2	List of received Item	No	Item	Quantity	
		1			
		2			
		3			
		4			
		5			
3	Post Analysis	Storage			
		Dispose			
4	Receiver Name				
		Stamp :			Stamp :
		Date:			Date: