

	INB/SERV/0003	Edition/Revision: 1/0	Effective date: 01.07.2014
	SAMPLE SUBMISSION FORM		

BORANG PENGHANTARAN SAMPEL/SAMPLE SUBMISSION FORM				
Nama Instrumen: <i>NanoLC-TOF-MS</i>		Jenama/Model: <i>Microtof III Bruker</i>		
Maklumat Pemohon/Applicant's Information				
Nama: <i>Name:</i>		Telefon: <i>Telephone:</i>		
Jabatan/Fakulti/Agensi: <i>Department/Faculty/Agency:</i>		Perakuan Pengguna/ <i>Declaration of User:</i>		
Emel: <i>Email:</i>		Saya bersetuju untuk memberi penghargaan kepada CRIM di dalam penerbitan yang dihasilkan menggunakan instrument ini. <i>I hereby agree to acknowledge CRIM in my research publication for the support given.</i> Tandangan: <i>Signature:</i> Tarikh: <i>Date:</i>		
<input type="checkbox"/> UKM	<input type="checkbox"/> Non-UKM			<input type="checkbox"/> Status
<input type="checkbox"/>	<input type="checkbox"/>			Prasiswazah <i>Undergraduate</i>
<input type="checkbox"/>	<input type="checkbox"/>			Siswazah/ Doktoral/Pasca Doktoral <i>Master/PhD/Post Doc</i>
<input type="checkbox"/>	<input type="checkbox"/>			Kakitangan UKM <i>UKM Staff</i>
<input type="checkbox"/>	<input type="checkbox"/>			Penyelidik <i>Researcher</i>
<input type="checkbox"/>	<input type="checkbox"/>	Lain-lain <i>Others</i>		
Maklumat Sampel/Sample Information				
Analisis Sampel: Non-Complex Protein Mixture (Digested) / Complex Protein Mixture (Digested, RAW DATA only) <i>Sample Analysis</i>				
Sampel: <i>Sample:</i>		Kuantiti: <i>Quantity:</i>		
Pelarut (jika berkenaan): <i>Solvent (if applicable):</i>		Enzyme Digestion: In Gel / In Solution Digestion Method:		
Kaedah LC: <i>LC Method:</i>				
<i>*Sila lampirkan kaedah jika ada</i>		<i>*Sila lampirkan kaedah jika ada</i>		
Perakuan Dekan/Pengarah/Ketua Jabatan/Ketua Projek Penyelidikan Dean/Director/Head of Department/Research Project Leader Verification				
Saya dengan ini bersetuju untuk membayar semua kos seperti yang ditetapkan: <i>I hereby agree to pay all the cost stated:</i>				
Kos analisis: <i>Analysis cost:</i>		Tandangan & Cop rasmi: <i>Signature & Official Stamp:</i>		
Kod peruntukan: <i>Code of research grant:</i>				
Tarikh: <i>Date:</i>				
Untuk kegunaan pejabat sahaja/For office use only				
ID tempahan:	Tarikh siap:	Tandatangan & Cop Rasmi Pegawai:		
	Tarikh ambil:			Tarikh:

Issued by: INBIOSIS Officer