

	INB/SERV/0001	Issue: 6	Effective date: 01.08.2017
	SAMPLE SUBMISSION FORM		

**SAMPLE SUBMISSION FORM FOR GC-MS ANALYSIS
PLEASE COMPLETE THE FORM**

Instrument: Perkin Elmer 600 Clarus Gas Chromatograph - Mass Spectrometer (GC-MS)

Applicant's Information

Name:	Telephone:				
Address and email:	Declaration of User				
Status:	I hereby agree to acknowledge the Chemical Analysis Laboratory, INBIOSIS in my research publication for the support given.				
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Internal (Staff/Students of INBIOSIS only)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>External</td> </tr> </table>		<input type="checkbox"/>	Internal (Staff/Students of INBIOSIS only)	<input type="checkbox"/>	External
<input type="checkbox"/>	Internal (Staff/Students of INBIOSIS only)				
<input type="checkbox"/>	External				

Sample Information

Sample and Report ID: Etc: UKM-INB-YYYY-INBIO-XXXX Received Date: Analysed Date: Date of report generated:	Please tick (/) types of analysis <table border="1"> <thead> <tr> <th>CODE</th> <th>Description</th> <th></th> </tr> </thead> <tbody> <tr> <td>PRODER</td> <td>Profiling with derivatization¹</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PRO</td> <td>Profiling without derivatization²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TAR</td> <td>Targeted metabolites³</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SPME/HS</td> <td>SPME/Headspace⁴</td> <td><input type="checkbox"/></td> </tr> <tr> <td>INBIO</td> <td>INBIO/001/2014 (ISO/IEC17025)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	CODE	Description		PRODER	Profiling with derivatization ¹	<input type="checkbox"/>	PRO	Profiling without derivatization ²	<input type="checkbox"/>	TAR	Targeted metabolites ³	<input type="checkbox"/>	SPME/HS	SPME/Headspace ⁴	<input type="checkbox"/>	INBIO	INBIO/001/2014 (ISO/IEC17025)	<input type="checkbox"/>
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INBIO	INBIO/001/2014 (ISO/IEC17025)	<input type="checkbox"/>																	
Sample description: Please tick (/) types of sample <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Dried sample</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Liquid sample*</td> </tr> </table> *Please specific the type of solvent Etc: Hexane, Methanol, Acetylacetate, others Quantity of sample:	<input type="checkbox"/>	Dried sample	<input type="checkbox"/>	Liquid sample*	¹ Derivatization using MSTFA or BSTFA ² Please specify the solvent solution in sample description ³ Please provide standards for the targeted metabolites ⁴ Please provide GC parameter Remarks:														
<input type="checkbox"/>	Dried sample																		
<input type="checkbox"/>	Liquid sample*																		

Dean/Director/Head of Department/Research Project Leader Verification

I hereby agree to pay all the cost stated and note the laboratory shall provide report of the analysed sample

Analysis cost:

Code of research grant:

Signature & Official Stamp:

For office use only

Signature & Official Stamp by Operator:	Signature & Official Stamp by Technical Manager:
Date:	Date: