 INBIOSIS <small>INSTITUTE OF SYSTEMS BIOLOGY</small>	INB/SERV/0001	Issue: 1	Effective date: 07.12.2017
	SAMPLE SUBMISSION FORM		

BORANG PENGHANTARAN SAMPEL/SAMPLE SUBMISSION FORM

Nama instrumen: High Performance Liquid Chromatography (HPLC)
 Jenama/Model: *Flexar FX-10 UHPLC Perkin Elmer*

Maklumat Pemohon/Applicant's Information

Nama: <i>Name:</i>	Alamat: <i>Address:</i>
Sample and Report ID: Etc: UKM-INB-YYYY-INBIO-XXXX	Telefon: <i>Telephone:</i> Emel: <i>Email:</i>
Jabatan/Fakulti/Agensi: <i>Department/Faculty/Agency:</i>	Perakuan Pengguna/Declaration of User:
Status: <i>Status:</i> U = Prasiswazah/ <i>Undergraduate</i> M = Siswazah/ <i>Master</i> P = Doktoran/ <i>PhD</i> PP = Pasca Doktoran/ <i>Post PhD</i> US = Kakitangan UKM/ <i>UKM Staff</i> R = Penyelidik/ <i>Researcher</i> O = Lain-lain/ <i>Others</i>	Saya bersetuju untuk memberi penghargaan kepada Makmal Kimia Analisis, INBIOSIS di dalam penerbitan yang dihasilkan menggunakan instrumen ini. <i>I hereby agree to acknowledge the Chemical Analysis Laboratory, INBIOSIS in my research publication for the support given.</i> Tandatangan: <i>Signature:</i> Tarikh: <i>Date:</i>

Maklumat Sampel/Sample Information

Jumlah sampel: <i>Total sample:</i>	Jenis Analisis: (sila pilih dan tandakan "X" dalam petak) <i>Analysis type: (please choose and mark "X" in the box)</i>
Tarikh Terima: <i>Received Date:</i>	<input type="checkbox"/> Profil (<i>Profiling</i>) <input type="checkbox"/> Metabolit sasaran (<i>Target metabolites</i>) ¹ <input type="checkbox"/> Analisa dengan UV (<i>Using UV detector</i>) ² <input type="checkbox"/> Analisa dengan FL (<i>Using FL detector</i>) ² <input type="checkbox"/> Specific GC-MS method/parameter ¹ <input type="checkbox"/> In house method/parameter (Require optimization)
Tarikh analisa: <i>Analysed date:</i>	
Sampel diskripsi: <i>Sample description(solvent used, condition of sample etc):</i>	

¹Sila lampiran senarai metabolit/kaedah HPLC analisa
¹Please attach the list the target metabolites/HPLC parameter
²Sila nyatakan julat panjang gelombang
²Please specific the wavelength range

**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 hereby agree to pay all the cost stated and note the laboratory shall provide the raw data in a CD or as a hard copy if requested (for external customer only):

Kos analisis:
Analysis cost:

Tandangan & Cop rasmi:
Signature & Official Stamp:

Kod peruntukan:
Code of research grant:

Tarikh:
Date:

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Description of sample and parameter

	Target Analyte(s)	Molecular weight and metabolite class (etc; amino acid)	Type of detector (UV-VIS/FL) and wavelength specification	UV-VIS Absorption (nm)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

HPLC Method

Please describe the mobile phase/buffer and parameter for analyses

Untuk kegunaan pejabat sahaja/For office use only

Ulasan
Remarks

Sample and Report ID:
Etc: UKM-INB-YYYY-
INBIO-XXXX

Tarikh siap:
Date of analysed:

Tandatangan & Cop Rasmi Pegawai: