



**CENTRAL RESEARCH LABORATORY (CRL)
DIVISION OF RESEARCH AND NETWORKING
ADVANCED MEDICAL AND DENTAL INSTITUTE
UNIVERSITI SAINS MALAYSIA**

GAS CHROMATOGRAPHY ANALYSIS REQUEST FORM

Name of Applicant:

Staff/Student ID No.:

Email:

Contact No.:

Designation : MSc. PhD. RA Lecturer Staff

University/School : IPPT USM Others (Please Specify):

Project Title:

Instrument to Use : GC-FID (Shimadzu) GCMS (Agilent) Headspace with GCMS (Agilent)

Type of Analysis : Chemical Screening Method Development

Require Training : Yes No

SAMPLE INFORMATION

No.	Sample Name/Code	Diluent/Solvent
1.		
2.		
3.		
4.		
5.		

Total Number of Sample

Storage Temperature (°C)

METHOD SPECIFICATION

GC-FID Run Parameter Details				GC-MS/Headspace Run Parameter Details			
*It is compulsory to attach GC-FID parameter and GC trace chromatogram				*GC-MS parameter following the given GC-FID parameter with an adjustment needs			
Phase	Ramping Temp. (°C)	Temp. (°C)	Holding Time (min)	Phase	Ramping Temp. (°C)	Temp. (°C)	Holding Time (min)
(Initial)				(Initial)			
Phase 1				Phase 1			
Phase 2				Phase 2			
Column Flow Rate (ml/min) <small>*maximum rate: 2ml/min</small>		Injector Temp. (°C)		Column Flow Rate (ml/min) <small>*maximum rate: 2ml/min</small>		Injector Temp. (°C)	
Split Ratio	1:	Detector Temp. (°C)		Split Ratio	1:	MS Quad (°C)	150
				Mass Range	___ to ___	MS Source (°C)	230
				Solvent Delay (min)		GCMS Transfer Line Temp. (°C)	280

BILLING INFORMATION

Billing Address *:	Method of Payment *: <input type="checkbox"/> Cash <input type="checkbox"/> P/O Grant No.: <input type="checkbox"/> USAINS (Please attach proof of payment) <input type="checkbox"/> Q Form Grant No.: <input type="checkbox"/> Others (Please Specify): Payable to Universiti Sains Malaysia 98986101403800 - CIMB Bank Berhad
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SIGNATURES

<input type="checkbox"/>	I hereby declare that all information provided is true and agree to comply with the laboratory regulations and safety procedures. I also understand and accept all responsibilities if any damages/loss of equipment during the conduct of my work.
<input type="checkbox"/>	I agree and consent to the delivery of the analysis results through email communication.
<input type="checkbox"/>	I agree to comply with the terms of this policy, such as late cancellations or improper sample handling, may result in penalties, including restriction of access to services or additional fees.

Applicant :	Date:	Supervisor:	Stamp & Date:
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LAB USE ONLY

Laboratory Personnel:	
Cost Charge/Sample:	Total Sample:
Total Cost:	Job Completed Date:
Sample Storage Location:	Section Head/Lab Manager Signature & Date:
Post Analysis: <input type="checkbox"/> Return <input type="checkbox"/> Dispose	

General Rules and Requirements:

1. Sample must be at least 5 ppm in the range of 0.5 mL – 2 mL only.
2. The analysis will be using HP-5MS column, otherwise user should provide your own specific column.
3. Solvent is required to be brought with sample to rinse the syringe (around 30 mL).
4. Sample must be volatile and dissolve in organic solvent. Water and aqueous sample will not be accepted.
5. Sample need to be clean, homogenous and filtered with filter membrane beforehand.
6. Sample need to be clearly labelled.
7. It is compulsory for sample from petroleum waste and palm oil to be converted to derivative form, fatty acid and methyl ester.
8. It is compulsory to attach GCMS parameter and chromatogram with this form.
9. It is compulsory to attach journal of reference with this form.
10. All analysis prices are subject to change.
11. Estimated waiting period for result is within 1 – 2 weeks.
12. Any sample or derivation of swine/pork/lard/pig/dog type is not accepted for analysis purposes.