



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

LIQUID 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 : HPLC (Agilent) LCMS (Agilent) LC QTOF/MS (Waters)

Type of Analysis : Qualitative Quantitative
 Metabolomics (LC QTOF/MS) Mass Confirmation (LC QTOF/MS)

Require Training : Yes No

SAMPLE INFORMATION

Total of Sample Vial :

No.	Sample Vial Name/Code	Diluent/Solvent	Concentration (µg/mL)	Target Compound (m/z) (if applicable)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Storage Temperature (°C)

CHROMATOGRAPHY CONDITIONS

Type of Column (Please ✓)	LC QTOF/MS	<input type="checkbox"/> Acquity UPLC BEH C18 (2.1 x 150 mm x 1.7 µm)	<input type="checkbox"/> Acquity UPLC BEH C18 (2.1 x 50 mm x 1.7 µm)
	LCMS	<input type="checkbox"/> InfinityLab Poroshell 120 EC C18 (3.0 x 150 mm x 2.7 µm)	<input type="checkbox"/> ZORBAX Eclipse Plus C18 (2.1 x 100 mm x 1.8 µm)
	HPLC	<input type="checkbox"/> Inertsil ODS C18 (4.6 x 150 mm x 3.5 µm)	
If using your own column, please specify	Type:		
	Dimensions:		
	Max Column Pressure:		
Column Temperature (°C)	:		
Sample Temperature (°C)	:		
Flow Rate (mL/min)	:		

Injection Volume (µL) :		Type of Elution :	<input type="checkbox"/> Isocratic	<input type="checkbox"/> Gradient
Mobile Phase A :		(Please specify method/attach reference journal) :		
Mobile Phase B :				
Mobile Phase C :				
Mobile Phase D :				
MASS SPECTROMETRY PARAMETERS				
Ionization Source :	<input type="checkbox"/> ESI	<input type="checkbox"/> APCI (LCMS Only)		
Ion Polarity :	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
Sample Injection Method :	<input type="checkbox"/> Infusion	<input type="checkbox"/> UPLC I-Class		
Screening On :	<input type="checkbox"/> MS only	<input type="checkbox"/> MS/MS (LC QTOF/MS)		
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		
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:
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. The sample volume at least 2 mL.
2. The sample must be filtered using 0.22 µm syringe filter.
3. All samples must be clearly labelled.
4. All analysis prices are subject to change.
5. One form for one equipment only.
6. Complete the form before proceeding with booking the date.