



FACULTY OF SCIENCE AND MATHEMATICS

UNIVERSITI PENDIDIKAN SULTAN IDRIS

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20__/FSM/___/__()

No Rujukan JPPS

20__ - FSM/J__ / __ - __

(BIL ___/___)

UPI/FSM/JPPS(Pin 04)

APPLICATION FORM FOR SAMPLE ANALYSISTS
GAS CHROMATOGRAPHY (GC-FID) / GAS CHROMATOGRAPHY- MASS SPECTROMETER (GCMS)

Gas Chromatography (GC) []

Gas Chromatography-Mass Spectrometer (GCMS) []

PART A: APPLICANT INFORMATION

Applicant Name, Matrix / Staff No., Programme, Supervisor Name, Project / Research Title, Vot / Grant No., Current Balance, Undergraduate, Postgraduate, External checkboxes.

PART B: SAMPLE INFORMATION

Number of Sample: _____

Table with columns: No, Sample Name, Boiling Temp. °C, Melting Temp. °C, Solvent Name, Solvent Boiling Temp.

Sample Preparation Background : _____

PART C: METHOD

Detector FID [] MS []

- BP1, Non-Polar, 100% Dimethyl Polysiloxane, Low Bleed,
BP5, Non-Polar, 5% Phenyl, 95% Dimethyl Polysiloxane
BP 20, Polar, Polyethylene Glycol, Alcohols/ Free Acid
Hp 5 MS, Non- Polar

Vertical column of four empty boxes.

Oven Parameter :

Table with columns: Injector Temperature, Initial Temperature, Final Temperature, Temperature Increase Rate, °C

Table with columns: Detector Temperature, Initial Temperature, Final Temperature, °C

PART D : DECLARATION

STUDENT / STAFF DECLARATION	SUPERVISOR / LECTURER DECLARATION
I acknowledge that all information given above is true. I will be responsible for any damages that occurred due to falsification of the information. <div style="text-align: center; border-top: 1px solid black; margin: 10px 0;"> _____ (Signature) </div> Name : _____ Date : _____	I acknowledge that this student is under my supervision. * I agree to pay the cost set by the Faculty of Science and Mathematics. <i>*(If Applicable Only)</i> <div style="text-align: center; border-top: 1px solid black; margin: 10px 0;"> _____ (Signature & Stamp) </div> Name : _____ Date : _____

PART D: APPROVAL BY SCIENTIFIC INSTRUMENT COORDINATOR

SCIENTIFIC INSTRUMENT COORDINATOR APPROVAL: APPROVED / NOT APPROVED

Reason for not approved : _____

 (Signature & Stamp)

Name : _____

Date : _____

OFFICE USE

Operator Name : _____

Received Date : _____

Completed Date : _____

Remarks : _____

TOTAL AMOUNT (RM) :

GC PAYMENT RATE		
UPSI		RM 20.00/sample/run (with mobile phase & standard)
		RM 40.00/sampel/run (without mobile phase & standard)
External		RM 100.00/sample/run
Urgent Analysis (Internal & External)		RM 120.00/sample/run

GC-MS PAYMENT RATE		
UPSI		RM 20.00/sample/run (with mobile phase)
		RM 40.00/sampel/run (without mobile phase)
External		RM 150.00/sample/run
Urgent Analysis (Internal & External)		RM 200.00/sample/run