

# Laboratory Service Request Form

## APPLICANT INFO

Name : \_\_\_\_\_  
Faculty : \_\_\_\_\_  
Contact info : Phone \_\_\_\_\_ Email \_\_\_\_\_  
Supervisors : \_\_\_\_\_  
Affiliation :  Faculty of Pharmacy  UM staff / student  External  
Date of usage : \_\_\_\_\_ Date of application: \_\_\_\_\_

## LABORATORY SERVICES

### General Equipment

<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Freezer -20°C	<input type="checkbox"/> Water distiller	<input type="checkbox"/> Elga water system
<input type="checkbox"/> Weighing balance	<input type="checkbox"/> Waterbath	<input type="checkbox"/> Ultrasonic bath	<input type="checkbox"/> Fumehood
<input type="checkbox"/> Shaker	<input type="checkbox"/> Oven	<input type="checkbox"/> Hotplate	<input type="checkbox"/> pH meter
<input type="checkbox"/> Others: _____			

**No. of samples / hours / usage:**

### Pharmaceutical Life Sciences

<input type="checkbox"/> Microscope (Compound)	<input type="checkbox"/> Microscope (Inverted)	<input type="checkbox"/> Microscope (Fluorescence)
<input type="checkbox"/> Microplate reader	<input type="checkbox"/> Biosafety cabinet	<input type="checkbox"/> Autoclave
<input type="checkbox"/> Incubator	<input type="checkbox"/> PCR	<input type="checkbox"/> RT-PCR
<input type="checkbox"/> Gel electrophoresis	<input type="checkbox"/> Others: _____	

**No. of samples / hours / usage:**

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## Chemical Analysis - Chromatographic

HPLC     GPC     LC-QTOF (Accurate Mass Determination)     LC-QTOF (Others)

**No. of samples:** \_\_\_\_\_

**Analyte:** Drugs / Metabolites / Natural Products / Polymers / Others: \_\_\_\_\_

**Sample matrix:** Biological / Non-biological / Others: \_\_\_\_\_

**Extraction method:** Liquid-liquid / Solid Phase Extraction / Others: \_\_\_\_\_

**Analytical method:** Established method / New method development / Method validation  
(Please attach your method or literature for reference)

## Drug Target Prediction

Drug Target Prediction

**No. of small compounds with chemical structures:** \_\_\_\_\_

## Pharmaceutical Technology

Manual single punch tablet machine     Dissolution testing     Rheometer

UV VIS spectrometer     FTIR     DSC

Others: \_\_\_\_\_

**No. of samples / hours / usage:**

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## METHOD OF PAYMENT

ePay (Cash / Credit card)

Internal Money Transfer (Grant)

\* FOR INTERNAL MONEY TRANSFER (GRANT)

Research grant number : \_\_\_\_\_

Available research grant: RM \_\_\_\_\_

*(Please attach proof of the research grant)*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Supervisor's Endorsement  
(Sign and Stamp)

For internal use only

Date received: \_\_\_\_\_

Permission granted

Permission not granted, reason: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Sign and Stamp)

Date: \_\_\_\_\_

Assigned laboratory personnel: \_\_\_\_\_