



UNIVERSITI SAINS MALAYSIA

PUSAT PENGAJIAN SAINS KIMIA

SCHOOL OF CHEMICAL SCIENCES

UNIVERSITI SAINS MALAYSIA

11800 USM, PULAU PINANG

Tel: 04-653 3540

BILIK ALATAN NMR (034/G09)

Tarikh

(Date)

Staf Bertugas

(Staff In-Charge)

017-2866 5911 (Mdm. Alia Syazana)

BORANG PERMOHONAN ANALISIS NMR

(NUCLEAR MAGNETIC RESONANCE, NMR ANALYSIS APPLICATION FORM)

Nama Pemohon (Applicant's Name)		No. Telefon (Phone No.)	
Alamat Email (Email Address)		Tandatangan Pemohon (Applicant's Signature)	
Pusat Pengajian/Makmal (School/Lab)		*No. Matrik/Staf (Matric/Staf No.)	
Status Pemohon, sila tanda \surd (Applicant's Status, please mark \surd)	Pelajar PhD (PhD student)	Pelajar sarjana (MSc student)	Pelajar tahun akhir (Undergraduate / FYP student)
Nama Penyelia (Supervisor's Name)		No. PO / No. Resit Pembayaran (Purchase Order No. / Receipt No.)	
Tandatangan Penyelia (Supervisor's Signature)		Cop Penyelia (Supervisor's Stamp)	

*Untuk USM sahaja (USM only)

MAKLUMAT SAMPEL
(SAMPLE INFORMATION)

Jenis Sampel; sila nyatakan (Type of Sample; please specify)	<i>i.e. solid, liquid, etc.</i>							
Butiran Pengendalian Sampel (Sample Handling Details)	Perincian Maklumat (sila tanda \surd) Please tick \surd in the relevant box:							
	<table border="1"> <tr><td><input type="checkbox"/></td><td>Stored in a fridge</td></tr> <tr><td><input type="checkbox"/></td><td>Should be handled in a fume hood</td></tr> <tr><td><input type="checkbox"/></td><td>Must wear gloves when handling sample</td></tr> <tr><td><input type="checkbox"/></td><td>Others:</td></tr> </table> <p>Sample should be disposed: Yes No () ()</p>	<input type="checkbox"/>	Stored in a fridge	<input type="checkbox"/>	Should be handled in a fume hood	<input type="checkbox"/>	Must wear gloves when handling sample	<input type="checkbox"/>
<input type="checkbox"/>	Stored in a fridge							
<input type="checkbox"/>	Should be handled in a fume hood							
<input type="checkbox"/>	Must wear gloves when handling sample							
<input type="checkbox"/>	Others:							
Jumlah Sampel (Total Number of Sample)								

SPESIFIKASI METOD
(METHOD SPECIFICATION)

No. (No)	Nama Sampel (Sample Name)	Analisis (Analysis)	Berat (mg) Weight (mg)	Pelarut (Solvent)
		(¹ H, ¹³ C, DEPT 45, DEPT 90, DEPT 135, COSY, HMBC, HSQC, NOESY, HMQC, etc)		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

KEGUNAAN PEJABAT
(OFFICE USE)

Tarikh Terima Sampel (Sample Received Date)	Tarikh Lengkap Analisis (Completed Analysis Date)
Tandatangan dan Cop Pegawai Bertugas (Signature and Stamp of Officer In-Charge)	

General Rules and Requirements:

- Sampel mestilah sekurang-kurangnya dalam julat 20 mg dan ke atas.
(Sample must be at least in 20 mg and above).
- Sampel perlu dilabelkan dengan jelas.
(Sample need to be clearly labelled).
- Semua harga analisis dan pelarut adalah tertakluk kepada perubahan.
(All analysis and solvent prices are subject to change).
- Anggaran menunggu untuk keputusan adalah dalam tempoh 1 – 3 minggu.
(Estimated waiting period for result is within 1 – 3 weeks).