

SAMPLE CHARGES	PP. SAINS KIMIA	USM USER (OTHER SCHOOL)	CLIENT (OUTSIDE USM)
		RM 60.00	RM 200.00

**INTERNAL ANALYSIS REQUEST FORM**  
**GC – FLAME IONIZATION DETECTOR (FID)**

DATE :

NAME OF APPLICANT :

NAME OF SUPERVISOR

CONTACT NUMBER :

NO. OF SAMPLE:

**CAPPILARY COLUMN TYPE :**

**SOLVENT :**

**VOLUME INJECTOR ( $\mu$ l) :**

**INJECTOR TEMPERATURE :**

**DETECTOR TEMPERATURE :**

**GC OVEN TEMPERATURE PROGRAMMING :**

INITIAL TEMPERATURE : °C

INITIAL HOLDING TIME : min

RAMPING RATE : °C/min

FINAL TEMPERATURE : °C

FINAL HOLDING TIME : min

**FLOW RATE** : ml/min

**SPLIT RATIO** : \_\_\_\_ : \_\_\_\_

**IMPORTANT**

1. PLEASE BRING YOUR SAMPLE WITH PREPARATION SOLVENT FOR RINSE THE SYRINGE
2. PLEASE ATTACH REFERENCE JOURNAL BEFORE SUBMIT THIS FORM AND SAMPLES.

SIGNATURE OF APPLICANT

CHOP

SIGNATURE OF SUPERVISOR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_