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| REQUEST FORM | | | | | | | | |
|--|-------------------|-------------|---------------------|--|--|--|--|--|
| FOR OFFICE USE ONLY: | | REF. NO: | | | | | | |
| RENTAL | SERVICE PROJ | ЕСТ | WORKSHOP OTHER'S | | | | | |
| CUSTOMER INFORMATION | | | | | | | | |
| | Name | | | | | | | |
| Custom or Dataila | Matrix / Staff No | | | | | | | |
| Customer Details | HP/Tel (O) | | | | | | | |
| | Email | | | | | | | |
| Laboratory / Dept. / Faculty / Company | | | | | | | | |
| Address | | | | | | | | |
| Sample Description | | | | | | | | |
| Submission Date | | | | | | | | |
| TERMS AND CONDITIONS | | | | | | | | |
| a. By Grant - UM.0000517/KWJ.AK Tabung Perkhidmatan INFRA@HIR OR b. epay.um.edu.my - Epay Instructions: Register/Log In-> Bayaran mengikut kategori -> Perkhidmatan -> IPPP -> Perkhidmatan Analisis HIR -> Keterangan (state name of equipment & booking hours) 2. Laboratory has the right to reject the booking made if failure to make payment on time. 3. Booking must be done at least three (3) working days before the scheduled date. 4. Advance payment will be forfeited for any cancellation made less than 3 working days prior to the scheduled date. "NO REFUND WILL BE PROVIDED FOR ANY PAYMENT THAT HAS BEEN SUBMITTED." 5. All payment terms are 100% upon agreement. The payment made is subject to one (1) year validity from submission date. 6. INFRA HIR will not be responsible for any loss and/or damages to user(s)'s property that occurs while using INFRA HIR facility(s). 7. Users must abide by all safety regulations and rules. All usage should be logged, all recommendations for proper usage of methods and samplings should be complied. All working areas should be thoroughly cleaned and all scheduled waste collected as indicated after completion of analysis. Abuse and disregard of any rules or requirements will result in loss of instrumentation privileges. 1 have read and agree the Term and Condition above TYPE OF Project No.: PO No.: | | | | | | | | |
| Please tick (√) | | | | | | | | |
| Customer declaration, sign | gnature & stamp* | | FOR OFFICE USE ONLY | | | | | |
| I agree to allow Bendahari UM to debits total amount of RM from stated grant/allocation to 'Tabung Perkhidmatan INFRA@HIR' for this service charge. I hereby agree with all terms & condition stated above. | | | : : | | | | | |
| | | | | | | | | |
| Supervisor Signature & Stamp : | | Approved by | : | | | | | |
| Date : | | Date | | | | | | |

TYPE OF RENTAL SERVICES/FACILITIES: *Please tick $\sqrt{\ }$

| SERVICES/FACILITIES | | | | | | | | |
|--|--------------------|----------|--------------------|------------------------|--|--|--|--|
| Equipment | Please tick (√) | Quantity | Unit Price (RM) | Extended Price (RM) | | | | |
| 1. Autoclave | | | (1111) | i iioo (i tiii) | | | | |
| 2. Bench Top Centrifuge | | | | | | | | |
| 3. Biolog OmniLog GEN III | | | | | | | | |
| 4. BioMark HD Reader | | | | | | | | |
| 5. Biosafety Cabinet | | | | | | | | |
| 6. ChemiDoc MP System | | | | | | | | |
| 7. Freezer - 80°C | | | | | | | | |
| 8. Fume Hood | | | | | | | | |
| 9. GCMS | | | | | | | | |
| 10. Gel Doc XR + Imaging System | | | | | | | | |
| 11. Gradient 384 Well PCR Thermal Cycler | | | | | | | | |
| 12. Homogenizer | | | | | | | | |
| 13. Inverted Microscope | | | | | | | | |
| 14. LCMS (Q-TOF / QQQ) | | | | | | | | |
| 15. Live Cell Imaging Microscope | | | | | | | | |
| 16. MiliQ Ultrapure Water | | | | | | | | |
| 17. Monochromator Based Microplate Reader | | | | | | | | |
| 18. Nanodrop | | | | | | | | |
| 19. NMR (300MHz / 600MHz) | | | | | | | | |
| 20. Orbitrap Fusion | | | | | | | | |
| 21. PCR Machine (ABI Veriti) | | | | | | | | |
| 22. PCR System Quantstudio 12K | | | | | | | | |
| 23. Qubit | | | | | | | | |
| 24. Simple Light Microscope | | | | | | | | |
| 25. Table Top Scanning Electron Microscope (SEM) | | | | | | | | |
| 26. Tissue Lyser II / LT | | | | | | | | |
| 27. Ultra High Performance Liquid Chromatography (UHPLC) | | | | | | | | |
| 28. Others: | | | | | | | | |
| Total (RM) | | | | | | | | |

Updated: 5/7/2023