BORANG PERMOHONAN ANALISIS GCMS

(GCMS ANALYSIS APPLICATION FORM)

(SHIMADZU QP2010 *Ultra*)

Nama Pemohon (Applicant's Name)		No. Telefon (Phone. No.)	
Pusat/Jabatan/Makmal (Centre/Department/Lab)		No. Matrik (Matric No.)	
Nama Penyelia (Supervisor's Name)		No. Geran (Grant No.)	
Tandatangan Penyelia (Supervisor's Signature)		Cop (Stamp)	

PERINCIAN SAMPLE ***SAMPLES DETAILS***		**PERINCIAN ANALISIS** ***ANALYSIS DETAILS*** ***(Please tick √)***		
Bil sample (No of Sample)		GCMS	Fatty Acid analysis	
			Flavour & Fragrance analysis	
Pelarut sesuai (Compatible Solvent)			Others analysis	
		GCMS + Headspace	Flavour & Fragrance analysis	
Keracunan (Toxicity) (mark √ if YES)				
Sample source			Others analysis	

GCMS capillary column type: High Polar / Polar / Moderately Polar / Slightly Polar / Non-Polar

Model:_____, long:_____meter, I.D:_____mm, thickness:_____µm

GC Oven Temperature				**Kegunaan Pejabat / Office use**	
Phase / Fasa	Heating rate / kadar kenaikan suhu (°C/min)	Initial Temperature / Suhu (°C)	Hold time / masa penahanan (minute)	Tarikh daftar sampel/ Date sample register:	
Start (A)				Tarikh analisis / Analysis date	
Final (B)				Tarikh Borang Q/ Q Form date:	
Final (C)				No Borang Q / Q Form No:	

GC Carrier Gas Pressure (Helium)	
Column Flow rate / Kadar aliran gas (ml/min)	
Headspace Program	
Transfer line Temperature (°C)	
Flow Rate /Kadar alira (mL/min)	
Sample Temperature /Suhu Sampel (°C)	
Sample Equilibration time	
Pressure (psig)	

Tandatangan & cop pegawai bertugas: