

JOB NO: _____

**SERVICES/FACILITIES REQUEST FORM
INFRA MICROBIOLOGY LABORATORY**

Company/ Laboratory Name			
Address			
Customer Details	Name		
	Matrix/Staff No		
	HP/Tel (O)		
	Email		
Sample Description (attach details, e.g. Datasheet)			
Submission Date	(Note: Expected delivery date, refer to T&C No.5)		

**Please list your samples ID/name in respective analysis form for reference*

TYPE OF SERVICES/FACILITIES: (please tick ✓)

SERVICES/FACILITIES					
Type	Please (✓)	Quantity	Unit Price (RM)	Sub-Total (RM)	Remark
1. Automatic Spiral Plater and colony counter					
2. Automatic Colony Counter					
3. Real Time PCR System					
4. Pulsed Field Gel Electrophoresis					
5. Loopamp (Realtime Turbidimeter)					
6. Turbidimeter					
7. Turbidimeter Lamp					
8. Nanodrop Spectrophotometer					
9. PCR Hood					
10. Biological Safety Cabinet Class II					
11. Minus 25 FREEZER					
12. Ultra-Low Temperature Freezer					
13. Refrigerated Centrifuge					
14. Portable Autoclave					
15. Multimedia Microplate Reader					
16. Thermocycler					
17. Automatic Flake Ice Maker					
18. Ultra-Pure Water System					
19. Qubit Fluorometer					
20. Shaker Incubator					
21. Gel Documentation System					
22. Mini Centrifuge					
23. Water Bath					
24. Balance Analytical					
25. Oven					
All customers are entitle for 6% GST (exceptional for UM students/ UM staff)			Total (RM)		

* updated 29 September 2018



TERMS AND CONDITIONS

1. Please submit this form together with detailed information of the sample, parameters, method etc (as indicated in the "Sample Description" column under the "Customer Info" section)
2. Kindly return, to the office, the original copy of this Request Form together with invoice commitment/inter journal transfer/proof of payment/Purchase Order from your company according to the total amount offered before proceed with analysis
3. Payment term is 100% upon agreement and the payment must be made within thirty (30) days after invoice is issued. The payment is subject to one (1) year validity from date of submission.
4. Cancellation of testing should be made within five (5) working days from the submission date. No refund will be provided for any later cancellation or for urgent test
5. The laboratory will provide test results within 15 working days (or more, with agreement by both parties), calculated upon receiving complete payment.
6. The quoted price is valid only for one-time test. If the test (or any sub-test) needs to be repeated for any reason (other than mistakes on laboratory's side), new charges will be incurred.
7. The laboratory has the rights to reject the test request. No fees will be charged if the test is rejected.
8. For Non-University of Malaya personnel: All payment shall be made in the form of a crossed cheque to '**UNIVERSITI MALAYA**'. CIMB Bank Account number: **98905000001222**
9. For University of Malaya personnel: (Please insert student's name, type of analysis and total samples at description) Payment to '**TBG PERKHIDMATAN MAKMAL INFRA MICROB PPP**' Account number: **UM.0000518/KWJ.AK**
10. Please put your samples in glass vials or plastic pack with proper labelling and send to the laboratory personnel.
11. The test report will be provided along with samples. Please collect your sample within 30 days from the date of release report otherwise it will be disposed by following the guidelines. We will not liable for any violation regulation by you.
12. The request to run the analysis only valid one year after payment.
13. Please clarify if your sample is toxic/hazardous to health.
14. T&C are subject to change without prior notice.

Thank you for your cooperation.

Please tick (✓)

Type of Payment	Grant/Vote/Allocation Acc. No.:	Deposit/Fund Transfer/Cheque	Others:
-----------------	---------------------------------	------------------------------	---------

Customer declaration, signature & stamp*	FOR OFFICE USE ONLY
<p>I agree to allow IPPP/Bendahari UM to debits total amount of RM _____ from the stated grant/vote/allocation to 'TBG PERKHIDMATAN MAKMAL INFRA MICROB PPP' for this service charge</p> <p>I hereby agree with all terms & condition stated above.</p> <p>Customer signature :</p> <p>Date :</p> <p>Supervisor Signature & Stamp :</p> <p>Date :</p>	<p>Received by :</p> <p>Date :</p> <p>Approved by : (TM/DTM/Technical Staff)</p> <p>Date :</p>



FOR LABORATORY USE ONLY

ACCEPTANCE AND REJECTION CRITERIA

SERVICES/FACILITIES	ACCEPTANCE CRITERIA	YES (√)	NO (√)
Automatic Spiral Plater and colony counter			
Automatic Colony Counter			
Real Time PCR System			
Pulsed Field Gel Electrophoresis			
Loopamp (Realtime Turbidimeter)			
Turbidimeter			
Turbidimeter Lamp			
Nanodrop Spectrophotometer			
PCR Hood			
Biological Safety Cabinet Class Ii			
Minus 25 Freezer			



Ultra-Low Temperature Freezer			
Refrigerated Centrifuge			
Portable Autoclave			
Multimedia Microplate Reader			
Thermocycler			
Automatic Flake Ice Maker			
Ultra-Pure Water System			
Qubit Fluorometer			
Shaker Incubator			
Gel Documentation System			
Mini Centrifuge			
Water Bath			



Balance Analytical			
Oven			

- Please ensure every sample/experiment FREE from toxic or hazardous material (harmful to health) apply to all services

Additional Remarks (if any):
Please refer to 'Attachment 1' for service charge

DECISION: ACCEPT/REJECT	Remarks (if any):
Reviewed/Accepted	
Date	



**LIST OF PRICE
INFRA MICROBIOLOGY LABORATORY FACILITIES**

NO	FACILITY	UM USER (RM)	UM USER – BUNDLE (RM)	EXTERNAL USER (RM)
1	OVEN	FOC	FOC	FOC
2	WATER BATH	FOC	FOC	FOC
3	BALANCE ANALYTICAL	5.00/ day	40.00/ 10 days 50.00/ month	15.00/ day
4	MINI CENTRIFUGE	5.00/hour	40.00/10 hours 50.00/ month	15.00/hour
5	GEL DOCUMENTATION SYSTEM	15.00/hour	120.00/10 hours	45.00/hour
6	SHAKER INCUBATOR	15.00/day	120.00/10 days	45.00/day
7	QUBIT FLUOROMETER	20.00/ session (4 hours)	160.00/ 10 sessions	60.00/ session (4 hours)
8	ULTRA-PUREWATER SYSTEM	10.00/L	80.00/10 L	30.00/L
9	AUTOMATIC FLAKE ICEMAKER	150.00/month	100.00/ month (> 3 months)	600.00/month
10	THERMOCYCLER	25.00/ session (4 hours)	200.00/10 sessions	75.00/ session (4 hours)
11	MULTIMEDIA MICROPLATE READER	10.00/hour	80.00/10 hours	30.00/hour
12	PORTABLE AUTOCLAVE	5.00/basket	40.00/10 baskets	15.00/basket
13	REFRIGERATED CENTRIFUGE	10.00/hour	80.00/10 hours	30.00/hour
14	ULTRA-LOW TEMPERATURE FREEZER	150.00/month (1/2 shelf)	1200/12 months (units)	450.00/month (1/2 shelf)
15	Minus 25 FREEZER	120.00/month (1/2 shelf)	960.00/12 months (units)	360.00/month (1/2 shelf)
16	BIOLOGICAL SAFETY CABINET CLASS II	20.00/session (4 hours)	180.00/10 sessions	60.00/session (4 hours)
17	PCR HOOD	20.00/session (4 hours)	180.00/10 sessions	60.00/session (4 hours)
18	NANODROP SPECTROPHOTOMETER	10.00/hour	80.00/10 hours	30.00/hour
19	TURBIDIMETER	5.00/hour	40.00/10 hours	15.00/hour
20	TURBIDIMETER LAMP	10.00/hour	80.00/10 hours	30.00/hour
21	LOOPAMP (REALTIME TURBIDIMETER)			
22	AUTOMATIC SPIRAL PLATER AND COLONY COUNTER	1.00/plate	25.00/30 plates	3.00/plate
23	AUTOMATIC COLONY COUNTER	5.00/ hour	40.00/10 hours	15.00/ hour
24	REAL TIME PCR SYSTEM	30.00/ session (4 hours)	250.00/10 sessions	80.00/ session (4 hours)
25	STOMACHER	5.00 / bag	40.00/ 10 bags	10.00/bag
26	BIONUMERIC SYSTEM	30.00/ day	200.00/ week	60.00/day
27	AGAR PLATING SERVICE	DEPENDS ON TYPE OF AGAR		

**INFRA MICROBIOLOGY LABORATORY**

Centre for Research Services
Level 4, Research Management & Innovation Complex
University of Malaya
50603 Kuala Lumpur, MALAYSIA.
Tel: +603-7967 2328 / 6942 Fax: +603-7967 6290

Email: inframicroblab@um.edu.my

28	PULSED FIELD GEL ELECTROPHORESIS	300.00/session (2 days)	500.00/2 sessions	900.00/session (2 days)
----	----------------------------------	-------------------------	-------------------	-------------------------



INFRA MICROBIOLOGY LABORATORY
Centre for Research Services
Level 4, Research Management & Innovation Complex
University of Malaya
50603 Kuala Lumpur, MALAYSIA.
Tel: +603-7967 2328 / 6942 Fax: +603-7967 6290

Email: inframicroblab@um.edu.my