



**INSTITUTE OF MARINE BIOTECHNOLOGY  
UNIVERSITY MALAYSIA TERENGGANU  
21030 MENGABANG TELIPOT**

**KUALA TERENGGANU, TERENGGANU**

Phone: +609-6683603/3602, Fax: +609-6683105 | UMT/IMB/LAB/009 (2022)

**PERMOHONAN PENGGUNAAN PENERING BEKU/ FREEZE DRYER APPLICATION FORM**

Nama Pemohon (Applicant's Name)		No. Telefon (Phone. No.)	
Fakulti/Jabatan/Makmal: (Faculty/Department/Lab.)		No. Matrik (Matric No.)	
Program :	<input type="checkbox"/> PhD <input type="checkbox"/> MSc <input type="checkbox"/> Other (please specify): .....		
Nama Penyelia/Pensyarah: (Supervisor's Name)		No. Telefon Penyelia (Supervisor's Phone. No.)	

Vot Penyelidikan: \_\_\_\_\_  
(Research Vat. No.)

No	Kod sampel /sample label	Bilangan atau berat sample/ Quantity Of sample	Nota/ Note

Tandatangan pemohon,  
*Signature of applicant:*

Disokong oleh,(penyelia/pensyarah) :  
*Support by Supervisor/Lecturer:*

\_\_\_\_\_  
Nama /Name:  
Tarikh/Date :

\_\_\_\_\_  
Name dan cop/ *Name and stamp:*  
Tarikh/ *Date:*

**Kegunaan pejabat sahaja/ Office Use Only**

Details of samples/application

Tarikh Hantar Sampel/ Date of received	Tarikh Proses Sampel/ Date of sample processed :	Sehingga (Jangkaan) /Untill (estimation) :

Maklumat peralatan/ Detail of Instrument

Labconco  Eyela  Virtis 1  Virtis 2

Diterima dan diproses oleh /Accepted and process by:	Science Officer/ Assistant Science Officer:
	Name/Stamp: Tarikh/Date: