

REQUEST FOR THE USE OF ADL'S FACILITY FOR RESEARCH ACTIVITY

(For IPPT use only)

Student Non-student

A. APPLICANT'S DETAILS

1.	Name:		
2.	Identity Card No. / Passport No.:	Matrix / Staff No.:	
3.	Registration Date (<i>if applicable</i>):	Duration of Attachment / Program / Course:	
4.	Handphone No.:	E-Mail Address:	
5.	Academic Course or Programme (if applicable):		
6.	Research Title:		
	Grant No:		
7.	Supervisor's Name (if applicable):	School / Department / Cluster / Unit:	
8.	Thesis Approval Reference No. (<i>if applicable</i>):		
9.	Name / contact person in case of emergency:		

B. REQUEST FACILITY

Equipment Specimen	Tests	Blood donor Others	
Please specify details (type/model of instr	rument, type/number	of specimen, type/number of test, etc.):	

C. SUMMARY OF RESEARCH WORK (not more than 150 words):



D. DECLARATION:

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- I hereby declare that all information provided is accurate
- I certify that I have read and agree to comply to the laboratory regulation and safety procedure.

Applicant's Sign	Date	
	For Office Use On	ly
Date of committee review:		Vag
Approval status:		Yes No
Comments/remarks:		
Door Access	Allowed	Not allowed
Permitted access time:	Office hour only	24 hours
Duration	Start Date :	Finish Date :
Reviewed by;		Approved by;
Chairman of ADL Research Committee Advanced Diagnostic Laboratory, Advanced Medical & Dental Institute, Universiti Sains Malaysia.	,	Deputy Director of Clinical Division, Advanced Medical & Dental Institute, Universiti Sains Malaysia.

- 1. Completed application form shall be submitted to ADL Director, IPPT USM (contact personnel: Puan Fatimah Azlina (04-5622457) or En Muhamad Nizam (04-5622677)
- 2. Application status will be informed to the applicant within 2 weeks via email or written memo
- 3. Applicant may be required to attend ADL Research Committee meeting (will be notified via email or phone)
- 4. For request of ADL equipment, policies and rules (as stated on page 3) are applied.