



Research Institute for Health Sciences Request Form

(For Official Staff)
No.....

Part I : User

Name.....
☐ Lecturer ☐ Student ID ☐ Staff ☐ Others
 Department
 Purpose ☐ Study ☐ Project / Proposal ☐ Research ☐ Others
 Subject / Title
 Booking Date.....ToTime..... Number of user.....
 Contact Tel E-mail.....

Requirements are following:

Laboratory Room	Laboratory Code	Instruments	Remark (Key card NO.)
<input type="checkbox"/> Cell Culture and Testing	21007		
<input type="checkbox"/> Bio Molecular and Genetic	20207		
<input type="checkbox"/> Histopathological	20107		
<input type="checkbox"/> Tropical Medicine	30107		
<input type="checkbox"/> Virus Research	31307		
<input type="checkbox"/> Bioavailability and Bioequivalence	30907		
<input type="checkbox"/> Nutritional and Clinical Testing	31007		
<input type="checkbox"/> Flow Cytometry	20707		
<input type="checkbox"/> Confocal Laser Scanning Microscopy	20607		
<input type="checkbox"/> Microplate/Spectrophotometry	20407		
<input type="checkbox"/> Ultra Performance Liquid Chromatography	20307		
<input type="checkbox"/> Protein Expression Laboratory	20507		

I acknowledge about the rule how using the instruments. In the event that there are any impact resulted after using the instruments, I agree to make reparations all occurred costs.

Signature..... User

(.....)

Date.....

Signature..... Advisor

(.....)

Date.....

Part II Official Staff

1. Recommendation by scientist

☐ Approved

☐ Not Approved.....

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(.....)

Date.....

2.Approval and Recommendation by Head of Division Laboratory for Research, RIHS

☐ Approved

☐ Not Approved.....

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(.....)

Date.....