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|  **(For official use only)****RIHS-LAB-FM-01**Request no. ………………………. |
| **Request Form** |
| **Division of Laboratory for Research**, **Research Institute for Health Sciences (RIHS)** |
| **Part I: Client information** |
| Name-Surname:  | Job title:  | School/ Department: .  |
| Contact Tel:  | E-mail:  |  |
| Purpose of lab use:  Teaching  Senior project  Research  Others (please specifies………..……………………………………..) |
| Project title:  |
| Start date (1st date of operation at RIHS laboratory):  | End date:  | Number of clients:  |
|  |  |  |
| **1.** Please check and fill facilities you would like to use. |
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| **Laboratory room** | **Laboratory code** | **Instruments** | **Key card no.** |
|  | Cell Culture and Testing 2 | 21007 |  |  |
|  | Bio Molecular and Genetic | 20207 |
|  | Histopathological | 20107 |
|  | Tropical Medicine | 30107 |
|  | Virus Research | 31307 |
|  | Bioavailability and Bioequivalence | 30907 |
|  | Nutritional and Clinical Testing | 31007 |
|  | Flow Cytometry | 20707 |
|  | Confocal Laser Scanning Microscopy | 20607 |
|  | Microplate/Spectrophotometry | 20407 |
|  | Ultra Performance Liquid Chromatography | 20307 |
|  | Protein Expression Laboratory | 20507 |
|  | Laboratory Animal Unit (Please also complete 2.) |

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| **2. Animal raising and using for scientific purposes, Laboratory Animal Unit** |
| Laboratory animal type: Rat  Mice  Guinea pig  Rabbit | Species:  |
| Age: (day/week/month)  | Sex:  | Amount:  |
| Expected date for intervention/procedure in lab animals:  |
| **Please specify how laboratory animals are purchased:** |
|  The client would like to contact laboratory animal vendors and purchase by yourselves. |
|  (Please indicate the vendor name: ) |
| * The client would like to ask RIHS staff to contact laboratory animal vendors and purchase the animals on behalf of the client.
 |
| **Approval of research protocol by relevant ethical committees** |  Submitted for consideration (Submission date: ) |
|  Approved (Certificate number: ) |

**3. Analytical testing services**

**Please select the tests**

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| * Pathological laboratory
 |
|  |  Tissue processing and paraffin sectioning |
|  |  H&E Staining |
| * Biomolecular genetics laboratory
 |
|  |  DNA extraction by using the commercial kits |
|  |  RNA extraction by using the commercial kits |
| * Advanced scientific instruments
 |
|  |  Confocal laser scanning microscope (CLSM) |
|  |  High Performance - Liquid Chromatography (HPLC ‎) |
| * Experimental animals toxicity study
 |
|  |  Animal administration |
|  |  Sample collection |
|  |  Liver/Renal function test |
|  |  Pathological testing |
| * Others (Please specify: )
 |
| Sample type:  | Number of samples:  |
| Please specify the date for submitting the samples:  |

Please provide a name and address for invoice/ receipt:

**Notation:**

1. The client is responsible for the cost of laboratory animals including transportation fees from the vendor.

2. The processing time for the request is at least 7 working days for all services except laboratory animals. The processing time for laboratory animal services is at least 45 working days.

Authorized Signature

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| **Part II: For official use only** |
| 1. Recommendation by RIHS scientists | 2. Approval and recommendation by Head of Division of Laboratory for Research, RIHS |
|   Approved  |  Approved |
|  Not Approved  |  Not Approved  |
| ..................................................................(....................................................................)Date ………………………………………………………. | ..................................................................(....................................................................)Date ………………………………………………………. |