**(For official use only)**

**RIHS-LAB-FM04**

**Request no……………………………….**

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| **Keycard Request Form** | | |
| **Division of Laboratory for Research**, **Research Institute for Health Sciences (RIHS)** | | |
| **Part I:**  **applicant** | | |
| Project title ..................................................................................................................................................................................................... | | |
| Name-Surname ............................................................................................... | Contact Tel: ................................................................ | |
| Booking date: ......................................... End date: ...................................... | Keycard Receiving Date: ........................................... | |
|  | |  |
| **Notice:** If a key card is damaged or lost, the recipient will be charged 300 baht per one key card. | | |

**Key card recipient**

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(......................................................)

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| --- | --- | --- | --- | --- |
| **Part II: For official use only** | | | | |
| Keycard Loading Date: ........................ | | Keycard number: ............................ | | Keycard Return Date: .................................... |
| Keycard condition: | Intact | | Damaged / lost/ others ………………………………………………………….. | |
| Authorized Signature  .......................................................  (......................................................)  Date ............................................ | | | | |