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| **(For official use only)**  **RIIE-LAB-FM-01**  Request no. ………………………. | | | |
| **Request Form** | | | |
| **Research and Innovation, Institute of Excellence (RIIE)** | | | |
| **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 RIIE laboratory): | | End date: | Number of clients: |
|  | |  |  |
| **1.** Please check and fill facilities you would like to use. | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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.) | | | | | | | |
|  | | | |
| **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**

|  |  |  |
| --- | --- | --- |
| * 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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(......................................................)

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