

LAB ON CHIP Lab, Level 4,
Institute of Microengineering and Nanoelectronics (IMEN)
Universiti Kebangsaan Malaysia (UKM)
www.ukm.my/imen

| | РНОТО | | | | |
|--|---|------|----------------------------------|--|--|
| This form must be completed for all experimenters working in the LAB ON CHIP Laboratory and must be returned to the Head of LAB ON CHIP Laboratory, IMEN. Upon signature, the User and Supervisor hereby certify that they will abide to the established policies and procedures of the laboratory, including that all chemicals brought into the laboratory must be approved in advance. If the User does not follow the established policies and procedures, their access to, and privileges in the laboratory facility may be revoked at the discretion of the Head of LAB ON CHIP Laboratory. PLACE A CHECK IN THE BOX BELOW THAT DESCRIBES YOUR CLASSIFICATION: | | | | | |
| | | IMEN | OTHERS | | |
| | Student Post-doc / Research assistant Staff | | | | |
| A. PERSONAL INFORMATION | | | | | |
| Name: | THE INTOKULATION | | UKM ID: | | |
| Project Name: | | | Research Group (for IMEN): | | |
| Project Duration:(M/Y | | | Mobile Phone #: | | |
| Department /Institution |) | | Email: | | |
| i) The list of equipment required to use: ii) The list of chemicals required to use or bring to laboratory: | | | | | |
| I agree to work in a safe manner in accordance to the Institute of Microengineering and Nanoelectronics (IMEN) safety requirements and will keep exposure of myself and any colleagues to any hazardous activities or materials to an absolute minimum. | | | | | |

| Signature: | Date: | | | | |
|---|--|--|--|--|--|
| B. SUPERVISOR INFORMATION | | | | | |
| Supervisor's name | | | | | |
| Supervisor's phone # | | | | | |
| Supervisor's email: | | | | | |
| Signature: | Date: | | | | |
| C. PAYMENT DETAILS (IF NECESSARY) | | | | | |
| Fund/grant code: | | | | | |
| Billing addres | | | | | |
| Supervisor approval to charge against fund code listed above: | | | | | |
| Signature: D. APPROVAL | Date: | | | | |
| This is to certify that the person above has been given permission to use the laboratory. | | | | | |
| MOHD FAIZAL BIN AZIZ | DR. SIOW KIM SHYONG | | | | |
| Senior Science Officer | Head | | | | |
| LAB ON CHIP Laboratory IMEN UKM Date: | LAB ON CHIP Laboratory IMEN UKM Date : | | | | |
| | | | | | |

- Copies to:
 1. Student
 2. Senior Science Officer, LAB ON CHIP Laboratory.