

MICROFLUIDICS Lab, Level 3, Institute of Microengineering and Nanoelectronics (IMEN) Universiti Kebangsaan Malaysia (UKM) www.ukm.my/imen

Permit to Access MICROFLUIDICS Lab						РНОТО		
This form must be completed for all experimenters working in the MICROFLUIDICS Laboratory and must be returned to the Head of MICROFLUIDICS 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 MICROFLUIDICS Laboratory. PLACE A CHECK IN THE BOX BELOW THAT DESCRIBES YOUR CLASSIFICATION:								
		Student	IMEN	OTHE	RS			
		Post-doc / Research assistant Staff						
A. PERSONAL INFORMATION								
Name:	LICO	THE INITIALISM		UKM ID:				
Project Name:				Research Group (for IMEN):				
Project Duration:	(M/Y)			Mobile Phone #:				
Departme /Institutio	ent			Email:				
i)	i) The list of equipment required to use:							
ii)	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:		Date:					
D. APPROVAL							
This is to certify that the person above has been given permission to use the laboratory.							
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MIMIWATY MOHD NOOF	₹	DR. MUHAMAD RAMDZAN BUYONG					
Research Officer		Head					
MICROFLUIDICS Laborat	ory	MICROFLUIDICS Laboratory IMEN UKM					
Date:		Date:					

- Copies to:
 1. Student
 2. Research Officer, MICROFLUIDICS Laboratory.