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	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:					
Г		INTEN	OTUEDO		
-	Student Post-doc / Research assistant Staff	IMEN	OTHERS		
A. PERSONAL INFORMATION					
Name:	AL IN ORMATION		UKM ID:		
Project Name:			Research Group (for IMEN):		
Project			Mobile Phone #:		
Duration:(M/Y) 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:					
2:	5.4				
Signature: Date:					
C. PAYMENT DETAILS (IF NECESSARY)					
Fund/grant code:					
Billing addres					
Supervisor approval to charge against fund code listed above:					
2:	D. 1.				
Signature:	Date:				
D. APPROVAL					
This is to certify that the person above has been given permission to use the laboratory.					
MOHD FAIZAL BIN AZIZ Senior Science Officer LAB ON CHIP Laboratory	DR. OOI POH CHOON Head LAB ON CHIP Laboratory IMEN UKM				
IMEN UKM Date :	Date:				

## Copies to:

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