



**BORANG PENGURUSAN MAKMAL**  
**/ LABORATORY MANAGEMENT FORM**

**BORANG PERMOHONAN PENGELUARAN SAMPEL BIOBANK**  
**/ BIOBANK'S SAMPLE REQUEST FORM**

BIL. DOK./ DOC.NO : **LM – F074**

BIL. ISU / ISSUE NO : 1

BIL. SEMAKAN / REVISION NO : 0

TARIKH KUATKUASA /  
EFFECTIVE DATE : 01-OGOS-2023

MUKA SURAT / PAGE : 1 - 2

**1. Maklumat Pemohon / Applicant Information**

Tarikh / Date		Alamat Emel / Email Address	
Nama / Name		Nombor Telefon / Phone Number	
Alamat Jabatan / Workplace Address			

**2. Tajuk Projek Penyelidikan / Title of the Research Project**

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**3. Penerangan Ringkas Projek Penyelidikan / Brief Description of the Research Project**

Tujuan Kajian / Aims of the study		
Rekabentuk Kajian / Study Design		
Jenis Kaedah Analitikal yang digunakan / Type of analytical methods that will be used (e.g. Genotyping, Next Generation Sequencing, etc)		
Lokasi Analisis yang akan dijalankan / Analysis location for the experiments to be conducted	<input type="checkbox"/>	a) <b>Dalaman / Internal</b> (e.g. primary cell culture to be carried out in the cell culture lab, UMBI)
	<input type="checkbox"/>	b) <b>*Luaran / External</b> (e.g. RNA sequencing using platform Y to be sent to Company X, Beijing).  Please state the arrangement for the remaining samples (e.g. complete disposal, return back to UMBI): <hr/>
Dana Pembiayaan Kajian / Research Funding		
Kod Projek / Project code		

\*Note: Please fill in Material Transfer Agreement (MTA) form and must be signed by the Director of UMBI. Once the form is completed, upload it to the TRIMS system.

**4. Maklumat Sampel / Sample Information**

Bilangan sampel yang diperlukan / <i>Number of samples required</i>	
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**5. Jenis dan Kuantiti Sampel / Sample Type and Quantity**

Jenis Sampel / <i>Type of sample:</i>	Kuantiti / <i>Quantity :</i>
<input type="checkbox"/> DNA	___ $\mu$ L @ ___ ng/ $\mu$ L
<input type="checkbox"/> Serum	___ $\mu$ L
<input type="checkbox"/> Plasma (HEPARIN / EDTA)	___ $\mu$ L
<input type="checkbox"/> Mononuclear cells (EDTA / HEPARIN)	___ $\mu$ L
<input type="checkbox"/> RBC (EDTA / HEPARIN)	___ $\mu$ L
<input type="checkbox"/> Whole Blood with DMSO	___ $\mu$ L
<input type="checkbox"/> <b>Others:</b> _____	<b>Please specify</b>

**6. PENGESAHAN OLEH PENYELARAS BIOBANK/ Endorsement by Biobank's Coordinator:**

Ulasan/ <i>comment:</i>	
Tandatangan & Cop Penyelaras Biobank / <i>Signature &amp; Official Stamp Biobank's Coordinator :</i>	
Tarikh / <i>Date :</i>	

**7. PENGESAHAN OLEH PENGARAH UMBI/ Endorsement by UMBI's Director:**

Ulasan/ <i>comment:</i>	
Tandatangan & Cop Pengarah UMBI / <i>Signature &amp; Official Stamp UMBI's Director:</i>	
Tarikh / <i>Date :</i>	