

Pharmacology Laboratory Use Application Form

Student detail

Name: _____ Student number: _____

Supervisor: _____

Research topic (If applicable): _____

Safety training

Please choose one of the following:

- I have passed the laboratory safety training in year _____ ;
- I have not passed the laboratory safety training. For the purpose of laboratory safety, I will

Experiment and equipments

I will conduct the experiment with the following equipments. The application date will be from _____ to _____;

<input type="checkbox"/>	Flow Cytometry	<input type="checkbox"/>	MultiClamp	<input type="checkbox"/>	Myography	<input type="checkbox"/>	Bioplex
<input type="checkbox"/>	Spinning-disk Confocal Microscope	<input type="checkbox"/>	2-D Electrophoresis	<input type="checkbox"/>	ChemiDoc	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

For supervisor/responsible staff only

This student will be guided by the senior student _____ to conduct the experiment until they are fully familiar with the operation in the laboratory.

Remark: (Special requirements for the laboratory safety, the experiment or the chemical is dangerous)

Signature: _____

Date: _____

The responsible academic staff of Pharmacology laboratory

Signature: _____

Date: _____

Laboratory Technician

Remark:

Signature: _____

Date: _____

Remark : The supervisor/student is requested to inform the laboratory technician about the usage of new hazardous chemicals and the related preventive measures in time.