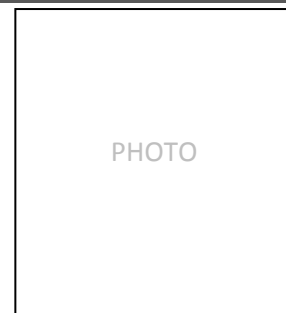


APPLICANT INFORMATION

Name: _____

Status: Undergraduate student Master student PhD student PostDoc Fellow
 Research Assistant Graduate Research Assistant Temporary Assistant
 Staff (Please specify your job title): _____
 Other (Please specify): _____



Affiliation: UM - Faculty of Pharmacy, UM

Department: _____

UM – Other faculty / PTJ (Please specify):

Department: _____

Faculty / PTJ: _____

Other institution (Please specify):

Department: _____

Institution: _____

Student or staff no.: _____ Mobile Phone no.: _____

Permanent address: _____

Email: _____

Supervisor(s): _____

Expected duration of laboratory usage: From _____ to _____

Briefly explain your project & laboratory works involved:

APPLICATION REQUIREMENT CHECKLIST

Application will only be processed if all requirements are fulfilled:

No.	Items	Yes (√) No (x)	Verification (Filled in by Science Officer)	
			Verified	Initials & remarks
1.	Consult Lab Manager regarding the availability of the laboratory & equipment.			
2.	Attend faculty's laboratory safety briefing or training.			
3.	Score 80% for faculty's laboratory safety test (FOP-LM-A03).			
4.	Provide supporting documents:			
	a) For UM's students			
	i. 1 copy of offer letter or any document that can confirm the applicant's study status and supervisor information.			
	ii. 1 copy of student card (both sides) - OPTIONAL			
	b) For Research Assistant (RA), Graduate Research Assistant (GRA), Temporary Assistant, Post Doctoral Research Fellow or other appointment status			
	i. 1 copy of appointment letter with supervisor information.			
	ii. 1 copy of student or staff card (both sides) - OPTIONAL			
c). For applicant from other institution				
i. 1 copy of student or staff card (both sides).				
ii. 1 copy of approval letter or email to conduct work in Faculty of Pharmacy UM				
iii. Evidence of Individual Registration at https://vendor.um.edu.my/v3/ → Individual Registration. (This is for deposit refund purpose).				

LIST OF LABORATORY / ROOM

No.	Laboratory / Room	Equipment available	Please select to apply	Verification (Fill in by Lab Manager)	
				Verified	Initials & remarks
1.	Pharmacy Practice Laboratory <i>Makmal Praktis Farmasi</i> G Floor	All-purpose drive with homogenizer, Desiccator Franz cell apparatus, Fumehood, Hotplate stirrer, Incubator shaker, Disintegration tester, Dissolution tester, Manual single punch, Microwave, Oven, Powder flow tester, Rheometer, Sieve shaker Stability chamber, Suppository hardness tester, Tap density, Texture analyser, UV spectrophotometer, Waterbath, Water distiller, Weighing balance			
2.	Pharmaceutical Chemistry Laboratory 1 <i>Makmal Kimia Farmaseutikal 1</i> G Floor	Freeze-dryer, Freezer, Fumehood, Hotplate stirrer, Oven, Refrigerator, Rotary evaporator, Waterbath, Weighing balance			
3.	Pharmaceutical Chemistry Laboratory 2 <i>Makmal Kimia Farmaseutikal 2</i> G Floor	(For teaching only)			
4.	Multipurpose Laboratory 1 <i>Makmal Pelbagai 1</i> G Floor	(For teaching only)			
5.	Scheduled Waste Storage <i>Stor Simpanan Buangan</i> <i>Terjadual</i> G Floor	(Required if you generate chemical waste & clinical waste)			

No.	Laboratory / Room	Equipment available	Please select to apply	Verification (Fill in by Lab Manager)	
				Verified	Initials & remarks
6.	Postgraduate Room <i>Bilik Pascasiswazah</i> 3 rd Floor	Workstations			
7.	Differential Scanning Calorimetry Room <i>Bilik Differential Scanning Calorimetry</i> 3 rd Floor	DSC, FTIR			
8.	Equipment Laboratory 1 <i>Makmal Alat 1</i> 3 rd Floor	Microplate reader, Zetasizer			
9.	Equipment Laboratory 2 <i>Makmal Alat 2</i> 3 rd Floor	Autoclave, Centrifuge, Oven, Ultrasonic bath, Ultrasonic homogenizer			
10.	Microbiology Research Laboratory <i>Makmal Penyelidikan Mikrobiologi</i> 3 rd Floor	Biosafety cabinet, Freezer, Oven			
11.	Tissue Culture Laboratory 1 <i>Makmal Kultur Tisu 1</i> 3 rd Floor	Biosafety cabinet, CO2 incubator, Freezer, Refrigerator			
12.	Tissue Culture Laboratory 4 <i>Makmal Kultur Tisu 4</i> 3 rd Floor	Biosafety cabinet, Centrifuge, CO2 incubator, Freezer, Refrigerator Shaker, Waterbath			
13.	Tissue Culture Laboratory 5 <i>Makmal Kultur Tisu 5</i> 3 rd Floor	Biosafety cabinet, CO2 incubator, Freezer, Refrigerator			

No.	Laboratory / Room	Equipment available	Please select to apply	Verification (Fill in by Lab Manager)	
				Verified	Initials & remarks
14.	Multipurpose room & Microscope room <i>Bilik Pelbagai & Bilik Mikroskop</i> 3 rd Floor	Elga ultrapure water system, Fluorescence microscope, Fluorescence microscope (Inverted), Freezer, Ice flaker machine, Refrigerator			
15.	Pharmacogenomics & Precision Medicine Laboratory <i>Makmal Farmakogenomik & Perubatan Kepersisan</i> 3 rd Floor	Blue LED Transilluminator, Dry block heater, Freezer, Gel electrophoresis apparatus, Homogenizer, Hotplate stirrer Microwave, PCR & RT-PCR, Refrigerator Refrigerated microcentrifuge			
16.	In Silico Pharmaceutical Suite <i>Suite Farmaseutikal In Silico</i> 3 rd Floor	Computers			
17.	Pharmaceutical Analysis Laboratory <i>Makmal Analisa Farmaseutikal</i> 3 rd Floor	Freezer Fumehood GPC HPLC LC-qToF Weighing balance			

DECLARATION

This declaration is a prerequisite for permission to use the laboratory or facility. Please read & understand the contents before signing.

- Laboratory users must read, understand and comply with all laboratory rules & regulations. This include but not limited to:
 - UM Laboratory Safety Guideline.
 - UM Research and Innovation Policy.
 - Faculty of Pharmacy's SOPs.
- Laboratory users must keep their working space clean & tidy. Do not leave the experiment unattended.
- Laboratory users must wear proper attire and suitable Personal Protective Equipment (PPE).
- Laboratory users must not enter the laboratory without permission.
- Laboratory users must not bring food or drink into the laboratory. Eating or drinking in the lab is strictly forbidden.
- Laboratory users must not use any equipment without permission and without training.
- Laboratory users will be charged for certain equipment usage.
- Laboratory users must have all their consumables and other research materials ready before starting their laboratory works. Do not use others' without permission.
- Laboratory users must plan their work early and properly. Do not make last minute arrangements.
- Laboratory users should avoid working alone in the laboratory. If inevitable, let other people know.
- Laboratory users must know the location of safety equipment such as emergency shower, emergency eyewash and fire extinguisher.
- Laboratory users must label their chemicals properly and keep the chemicals in the chemical storage cabinet.
- Laboratory users must fill in and regularly update the chemical list form and display the list at the chemical storage cabinet & refrigerator / freezer.
- Laboratory users must provide the laboratory staff with a Safety Data Sheet (SDS) for each chemical.
- Laboratory users must label and dispose of their laboratory waste properly according to the SOP.
- Laboratory users must fill in the usage logbook every time using the equipment.
- Laboratory users must not do anything that might compromise their safety and others'.
- Laboratory users must not do anything that might damage the equipment.
- Laboratory users must report any incident to the laboratory staff immediately.
- Laboratory users must not remove any equipment from the laboratory.
- Laboratory users need to pay a deposit for a new access card application through UM E-Pay.
- Laboratory users must not lend their access card to others.
- Laboratory users must not unscrupulously bring outsiders into the faculty laboratories or facilities.



Scan to download
documents

I hereby declare that I have read & understand the contents of this declaration and agree to abide by all rules & regulations mentioned therein. Failure to do so allows me to be subjected to action. I agree that the Faculty of Pharmacy Universiti Malaya and its staff will not be held responsible for any accident, injury or death caused by my negligence.

Signed by

Witnessed by (Supervisor)

Name:

Name:

Date:

Date:

Stamp:

APPROVAL

LAB MANAGER (SCIENCE OFFICER)

Name : _____ Date : _____

Sign & Stamp : _____

DEPUTY DEAN (RESEARCH, VALUE CREATION & ENTERPRISE)

Name : _____ Date : _____

Sign & Stamp : _____

ACCESS CARD

Access card required : Yes No

Card type : Existing card (Student card or Touch 'N Go card)
 New card (RM50 deposit payment through UM E-Pay)

Proof of payment: Yes No

Card reference number: _____

Access card issued by:

Name : _____ Date : _____

Sign & Stamp : _____

Access card received by:

Name : _____ Date : _____

Sign : _____