

APPLICANT INFORMATION

Name: _____

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

Affiliation: UM - Faculty of Pharmacy
 Department: _____
 UM – Other faculty / PTJ (Please specify):
 Department: _____
 Faculty / PTJ: _____
 Other institution (Please specify):
 Department: _____
 Institution: _____

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

Email: _____

Supervisor(s): _____

Date of usage: _____ Date of application: _____

LABORATORY SERVICES

Please tick (/) to apply

Note: This list will be revised from time to time

General Equipment (No charge)

<input type="checkbox"/>	Autoclave	<input type="checkbox"/>	Biosafety cabinet	<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Centrifuge (Refrigerated)
<input type="checkbox"/>	Elga water system	<input type="checkbox"/>	Freezer -20°C	<input type="checkbox"/>	Fumehood	<input type="checkbox"/>	Hotplate
<input type="checkbox"/>	Ice flaker machine	<input type="checkbox"/>	Incubator	<input type="checkbox"/>	Oven	<input type="checkbox"/>	pH meter
<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Shaker	<input type="checkbox"/>	Ultrasonic bath	<input type="checkbox"/>	Waterbath
<input type="checkbox"/>	Water distiller	<input type="checkbox"/>	Weighing balance	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other: _____						

Charged equipment

	Dissolution apparatus		DSC		FTIR		GPC
	Gel electrophoresis		HPLC		LC-qToF (Accurate mass)		LC-qToF (Others)
	Manual single punch		Microplate reader		Microscope (Compound)		Microscope (Inverted)
	Microscope (Fluorescence)		PCR		Rheometer		Rotary evaporator
	RT-PCR		UV VIS spectrometer				
	Other:						

Charged service

	Drug Target Prediction
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Additional information:

1) Type. of samples (e.g. natural products, drugs, metabolites etc):

2) No. of samples: _____

3) Analytical method (Established / New / Method validation): _____
(Please attach method or literature for reference)

4) Other relevant information (If any):

METHOD OF PAYMENT

1) Internal Money Transfer (Grant)

Research grant number : _____

Available research grant: RM _____

(Please attach proof of the research grant)

2) ePay

Applicant's Signature

Supervisor's Endorsement
(Sign and Stamp)

For internal use only

Date received: _____

Permission granted

Permission not granted, reason: _____

Approved by (Lab Advisor / Lab Manager): _____
(Sign and Stamp)

Date: _____

Person-in-charge:

Laboratory staff (Please specify): _____

Applicant