



**CENTRAL RESEARCH & ANIMAL FACILITY (CREAM)
IIUM Kuantan**

Doc No.	: CREAM- L003
Rev. No.	: 04
Effective Date	: JAN 2020
CREAM User ID	

LONG TERM SPECIMEN/ SAMPLE / ITEM STORAGE

Name : _____

Request date : _____ until _____

PARTICULAR OF SAMPLE/ SPECIMEN/ ITEM

*Please attach IBC form and refer to risk group of agent (if applicable).

Type of specimen :

- | | |
|---|---|
| <input type="checkbox"/> Reagent | <input type="checkbox"/> Drug/ Chemical |
| <input type="checkbox"/> Tissue | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Blood/ Plasma/ Serum | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> DNA/ RNA | |

Specify item (Eg: Rabbit blood/ <i>e.coli</i> , etc)	
Labelling of the specimen (Eg: MTT Dr. Ali)	
Storage temperature	
Freezer name/no. (Eg: Haier 1/Samsung 3)	
Date of storage	
Expiry date	

I agree to be responsible to my storage space given by the laboratory and acknowledge CREAM's right to dispose my sample/ specimen if I fail to clear my storage after one (1) month of my request deadline.

Applicant

Signature

Name:
HP no:
Date:

FOR CREAM USE		
APPROVAL	SAMPLE STORAGE CLEARANCE	
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	<input type="checkbox"/> Clean workspace & storage area <input type="checkbox"/> No loss or damage done <input type="checkbox"/> No leftover sample storage	
Science Officer _____ (Signature/ Stamp)	Staff in-charge verification _____ (Signature/ Stamp)	Science Officer _____ (Signature/ Stamp)
Date	Date:	Date: