



**BMS LABORATORY USAGE REQUEST FORM**

Unit <i>(Please tick)</i>	<input type="checkbox"/>	Anatomy & Medical Museum
	<input type="checkbox"/>	Biochemistry – Molecular - Proteomic
	<input type="checkbox"/>	Microbiology – Physiology - Pharmacology
	<input type="checkbox"/>	Centralized Teaching Laboratory

**REQUESTOR INFORMATION**

Requestor Name	
Student/Staff No.	
Contact No.	
Email	
Department/Kulliyyah	
Project Title	
Project Supervisor	

**USAGE DETAILS**

Duration of usage ( <i>Date</i> )	
Laboratory Name	
Purpose	
Request by ( <i>Signature</i> )	
Date	

**FOR LAB USE ONLY**

Approved by	
	BMS Laboratory Coordinator
Approved date	
Person in charge	
Designation	
Contact No.	
Remarks	We have no objection for the above researcher/ students to perform research work in our laboratory Please contact the person in charge before entering the laboratory