



BMS LABORATORY USAGE REQUEST FORM
(AFTER OFFICE HOURS / PUBLIC HOLIDAY)

Unit (Please tick)	<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

Request Date	
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	Please contact the person in charge before entering the laboratory