



BMS LABORATORY LOAN FORM

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	
Kulliyah/Department			

DETAILS OF THE ITEM

Type of Item:

<input type="checkbox"/>	Specimens	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Charts
<input type="checkbox"/>	Glassware	<input type="checkbox"/>	Disposable item	<input type="checkbox"/>	Models
<input type="checkbox"/>	Instruments	<input type="checkbox"/>	Furniture	<input type="checkbox"/>	Others, please specify: _____

Date Loan		Duration of Loan	
Estimated Date Return			

List of Item:

No	Item	Reference No.	Quantity	Remarks
1				
2				
3				

DECLARATION

I/ We agree to take great care of the above and to return them in good condition. I/ We also agree to compensate for any loss or damage to the above and to abide to all safety rules and regulations. I/We agree to replace the chemical that I/ we borrowed from Department of Basic Medical Sciences, KOM.

Name	:	Signature	:
Student/Staff No.	:	Date	:

FOR LAB USE ONLY

UPON RETURNING

Approved by	(Lecturer in Charge/ Person in Charge)	Returned by				
Date		Date	Returned in good condition	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Notes: Instruments/ chemicals can only be loaned and taken out from the lab approval by lecturer in-charge of the lab