



BMS LABORATORY SPECIMEN / SAMPLE STORAGE FORM

Unit Anatomy & Medical Museum
(Please tick) Biochemistry – Molecular - Proteomic
 Microbiology – Physiology - Pharmacology

REQUESTOR INFORMATION

Requestor Name
Student/Staff No.
Contact No. Email
Kulliyah/ Department

DETAILS OF SPECIMEN/SAMPLE

Type of Item:

Reagent DNA/RNA/miRNA
 Tissue Drug/Chemical
 Blood/Plasma/Serum Cell Line
 Others, please specify: _____

Label of Specimen/Sample
Date of Storage Duration of Storage
Expiry Date (if any)
SDS Provided (if any) Yes No

FREEZER/REFRIGERATOR INFORMATION

Room No.	Name of Freezer/Refrigerator
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ACKNOWLEDGEMENT BY REQUESTOR

I agree to be responsible to my storage space given by the laboratory management and I understand that all samples will be discarded once the storage duration period ended.

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

FOR LAB USE ONLY

Staff in Charge : Signature :
Date :