

CMBRL APPLICATION FORM



Please tick (✓) if applicable;

- ☐ Copy of user ID/ matrix/ passport 1st page (international user)
- ☐ Proof of payment/ Quotation/ Invoice
- ☐ Lab Safety Document Declaration (if applicable)
- ☐ List of common item/equip/ services. Only attached selected page(s)
- ☐ Supervisor signature on related documents (for student/ RA)
- ☐ Others (Please state):

E) ENDORSEMENT & APPROVAL

APPLICANT CONFIRMATION

Signature:

Date:

SUPERVISOR/ PRINCIPAL INVESTIGATOR APPROVAL

Signature:

Official Stamp:

Date:

LAB COORDINATOR/ STAFF VERIFICATION

Signature:

Official Stamp:

Date:

Note (if any):

DEPUTY DEAN (RESEARCH), FACULTY OF DENTISTRY, UM APPROVAL

Signature:

Official Stamp:

Date:

cc. Finance Unit, Faculty of Dentistry, UM

LABORATORY SAFETY FORM

FORM B: This form only applicable for the lab user who conduct their research work in the lab. The lab user must sign this form to ensure you understand and follow the lab safety rules prior to use the lab facilities;

Lab Safety Rules

To the lab user: You are required to read, understand and implement the safety precautions indicated in the laboratory manual or laboratory handouts, which are summarized below. Your signature on the attached sheet indicates your absolute willingness to abide by these precautions while you are in the laboratory.

1. Lab coats, respirator/face mask and gloves are worn in the laboratory.
2. Open-toed footwear not recommended.
3. Eating and drinking in the laboratory are strictly prohibited.
4. Always read Safety Data Sheet (SDS) and labels on chemicals before opening them.
5. Turn off lights, air conditioner (except Tissue Culture Room 1 & 2) and all equipment before leaving the laboratory.
6. No outsiders are allowed into the laboratory.
7. Maintain cleanliness of work area and laboratory.
8. Ensure all windows are shut and doors locked before leaving the laboratory.
9. After using needle, do not recap, bend or break it: remove it from the syringe or manipulate it in any way. Promptly placed in the sharps bin.
10. Always dispose of broken glass in a sharps bin and not in a general waste bin.
11. Always remove contaminated gloves in yellow bin before leaving the laboratory.
12. Always wash your hands after removing gloves, before leaving the work area, and before eating, drinking, smoking, or applying cosmetics
13. Do not wear gloves when opening doors, answering phones or using computer.
14. Clean up all surfaces after you, especially in laminar / fume hoods.
15. Do NOT store chemicals on desks, laboratory bench tops, floors, or fume hoods.
16. Dispose of all chemical waste properly. Never mix chemicals in sink drains
17. Clean up spills immediately.
18. Perform all procedures carefully to minimize the creation of splashes or aerosols.
19. Working alone is not encouraged.
20. Always disinfect work surfaces when you are finish with an experiment.

I have read carefully and understand all of the safety rules contained on this sheet. I also agree to read all rules for specific exercises contained in the laboratory manual or laboratory handouts required for this course. I recognize that it is my responsibility to obey them faithfully.

I realize that all chemicals are potentially dangerous; therefore I will read the Safety Data Sheet and handling them with care. If I am unsure of the potential hazards of any chemical, I will discuss this with my supervisor prior to using the chemical in question. I will ensure that the SDS is received from the supplier when purchasing chemicals and provide a copy of the SDS to the laboratory staff for reference.

I will store chemicals in the correct place and periodic inspections of chemicals will be made. Chemicals that have expired will be disposed of. I will ensure that chemical waste is disposed of according to the established disposal procedures. Chemical waste will be stored in appropriate bottles and the type of waste and date of generation will be labeled.

I understand that I have to make sure my workbenches, working area and storage cabinet are always clean and safe. I am also aware the location of the eye wash, emergency shower, fire extinguisher, first aid kit

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and spill kit.

After completing the research project, I will manage all remaining disposable materials, chemicals and research samples and inform the laboratory staff.

I, _____ (Full name) declare that I have understood the Laboratory Safety Rules and I will ensure that my work is carried out in a safe manner on a safety environment in compliance with regulations as laid down by the Faculty and University. In the event of any accident which is due to my negligence/ non-compliance to safety regulations and procedures, I will indemnify the University on all liabilities.

Signature : _____ Date: _____

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EQUIPMENT

- User will be trained and briefed by lab staff prior to operate the instrument / equipment.
- User will run/ operate the equipment under lab staff supervision for the first time.
- User should bear the cost of instrument damage due to negligence.
- Charges are NOT inclusive chemicals and consumable items for the sample preparation.

REFERENCE						TO BE FILLED BY APPLICANT	TO BE CHECKED BY LAB STAFF
NO	EQUIPMENT	QUANTITY	RINGGIT MALAYSIA (RM)			QUANTITIES - unit	CHARGE (RM)
			FACULTY OF DENTISTRY-UM	NON-FACULTY OF DENTISTRY-UM	NON- UM		
1.	ALL EQUIPMENT & FACILITIES	PER YEAR/USER	3000	NA	NA	____year/user	
2.	GENERAL FACILITY ONLY (balance, incubator, chemicals storage, stirrer, ph meter, micropipette, vortex, centrifuge, water bath, ice maker, oven, hot plate, autoclave, RO & ultra pure water, fumehood)	PER YEAR/USER	500	NA	NA	____year/user	
		PER HOUR/ITEM	10	NA	NA	____hour/item	
3.	FAST REAL TIME PCR SYSTEM (MODEL: APPLIED BIOSYSTEMS 7500)	PER HOUR	40	50	80	____hour	
4.	THERMAL CYCLER (MODEL: ABI VERITI)	PER HOUR	15	20	30	____hour	
5.	NANODROP (MODEL: ND2000)	PER DAY	15	20	30	____day	
6.	CONCENTRATOR (MODEL: EPPENDORF)	PER HOUR	15	20	30	____hour	
7.	MICROMODE MICROPLATE READER (TECAN INFINITE 200 PRO)	PER HOUR	15	20	30	____hour	

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8.	CELL CULTURE FACILITIES : Biosafety Cabinet, CO2 Incubator + CO2 gas, Inverted microscope, waterbath, centrifuge, fridge	PER YEAR/USER	2000	2500	3000	____year/user	
		PER DAY	10	15	20	____day	
9.	Inverted Microscope (LEICA DMI3000)	PER HOUR	20	30	40	____hour	
10.	WESTERN BLOT FACILITIES: Imaging system (Odyssey/Gel Doc), Trans-Blot Turbo System, Orbital Shaker,	PER RUN	40	60	80	____run	
		PER YEAR	1000	1500	2000	____year	
11.	BIOANALYZER (Model: Agilent2100)	PER RUN (Max: 12 samples)	50	60	100	____run	
12.	Laminar Flow (PCR/RNA Box)	PER HOUR	15	20	30	____hour	
13.	SAMPLE / MATERIAL STORAGE: Freezer -80, Freezer -20, Fridge *PRIORITY FOR CMBRL USER	PER CRYOBOX/MONTH	30	40	60	____cryobox/month	
		PER YEAR/USER *For CMBRL user only	1000	1500	2000	____year/user	
14.	SAMPLE STORAGE: Liquid Nitrogen (LN2)	PER CRYOBOX/MONTH	30	40	60	____box/month	
		PER YEAR	1000	NA	NA	____year/user	
15.	AUTOMATED DNA EXTRACTION (Model: QIAcube)	PER RUN (Max: 12 SAMPLES)	100	150	200	____run	
16.	ODYSSEY FC IMAGING SYSTEM (LICOR) –Western Blot,etc	PER HOUR	20	30	40	____hour	
17.	GEL IMAGING SYSTEM (MODEL: M20V)	PER HOUR	20	30	40	____hour	
TOTAL							

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SERVICES

SERVICE CHARGE

- Service fees/charges calculated per sample/ slide/ project
- Charges are NOT inclusive of chemicals and consumables item for the sample preparation
- Applicant must provide and determine the number of samples/ specimens

REFERENCE						TO BE FILLED BY THE APPLICANT	TO BE CHECKED BY LAB STAFF
NO	LABORATORY SERVICES	QUANTITY	SERVICE CHARGE (per sample/ slides/ run/ project)			QUANTITY	TOTAL PAYMENT
			FACULTY OF DENTISTRY-UM (RM)	NON-FACULTY OF DENTISTRY-UM (RM)	NON-UM (RM)		
1.	BIOANALYZER (Model: Agilent2100)	PER RUN (12 samples) *Prices do not include the chip and reagents	150	200	300	____run	
2.	AUTOMATED DNA EXTRACTION (Model: QIAcube)	PER RUN (12 samples)	200	300	400	____run	
3.	MICROMODE MICROPLATE READER (TECAN INFINITE 200 PRO)	PER RUN	100	150	200	____run	