

CELLOMICS HIGH CONTENT SCREENING (HCS) Booking Form

USER INFORMATION

Name of Applicant: _____ Project Level: ____ / MSc / PhD/R. Fellow
 Department: _____
 Faculty: _____
 Contact No. (O) : _____ (HP) : _____ E-mail: _____

SAMPLE DETAILS:

No. & name of dyes: _____
 No. wells to scan: _____
 BioApplication module: _____

PROJECT DURATION DETAILS

Date: ____ / ____ / ____ (Starting) to ____ / ____ / ____ (End) Time: ____ to ____

Terms & Conditions:

1. All bookings must be made at least 2-weeks prior to the intended date of experiment. Please submit the booking form to the Centre for Cell Biology & Drug Discovery Lab (CCBDD) staff in-charge.
2. All cancellation must be notified to CCBDD prior to the experiment date.
3. The instrument will be made available on "first-come-first serve" basis to the students of the university. However, CCBDD has the right to priorities the time for other clients.
4. Consumables charges are not included.
5. Instrument faulty errors (if any) must be reported immediately to the staff in-charge of the facility.
6. User will be severely reprimanded for negligence or misuse of the facility provided. The user and/or supervisor can be charged for the loss or cost of repair of instruments.

I have read and understood all the terms outlined above.

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 Signature of Applicant
 Date:

FOR LAB PURPOSE ONLY	
<p><u>Booking</u></p> <p>Date Applied: ____ / ____ / ____</p> <p>Date Booked: ____ / ____ / ____</p> <p>Time: _____</p>	<p><u>Booking Cancellation</u></p> <p>Date: ____ / ____ / ____</p> <p>Reason: _____</p> <p>_____</p>
<p>Staff In Charge</p> <p>Comment: _____</p> <p>Staff Name / Signature: _____</p> <p>Date: ____ / ____ / ____</p>	