**Service and Access Facility Request Form-Form 2**

**Submitted before starting the Project**

Date:

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| **QU:**  ☐ Under graduate student  ☐ Post-graduate student  **QU Staff:**  ☐ Academic staff  ☐ Non-academic staff | **External**  ☐ Student  ☐ Research assistant  ☐ Post-doctoral fellow  **Services:** |

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| 1. **Application** |
| Project Title/Service:  Project/Service Duration:  Grant source:  Grant number: |
| |  | | --- | | **2. Lead Applicant’s (Internal/External) Details** | |
| |  | | --- | | Name: | | Title: | | Department :  Institution:  Telephone Number:  Email Address:  Address | |
|  |
| **3. Applicant’s (internal/external) Details** |
| |  | | --- | | Name: | | Student/QU- ID number: e-mail address: | | Department: | | Institution: | | Role in project: | |  | |

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| **4. Facilities request** |
| **Please provide the following details:**  Source of samples:  Hazardous: yes or no? What type?  Types and number of samples(with MSDS) :  Equipment used:  Research protocol(s):  Chemicals used (with MSDS): No radioactive and infectious material is allowed in CAM  Consumables and supplies:  Starting usage date:  Expecting ending date:  Working days/time:  Available budget: |

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| **5. Compliance** |
| I, the undersigned, have read and understood the attached documents regarding the internal CAM regulation and the laboratory safety manual prepared by Qatar University (http://www.qu.edu.qa/offices/businessop/ehsms-guidelines.php). I will strictly adhere and implement laboratory practices and regulations while working in CAM facilities. I confirm that I am fully insured by a health insurance policy provided to me by ( ). I further accept responsibility for any and all damages, lost or costs caused by my negligent or intentional acts during my presence at Qatar University. I promise to fill out an incident form and submit it to CAM as soon as an incident occurs. I understand that my research protocol is approved and that Material Safety Data Sheets are prepared for any chemical, substances, materials, and reagents are being used/stored in the laboratories. CAM need to be properly acknowledged to research and public outcomes and outputs.  **Signature:**   |  | | --- | |  | |

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| **6. Service Charge** |
| For internal users, services will be free of charge upon acknowledgment or affiliation of CAM. For external users, an acknowledgment or affiliation of CAM and payment for the cost of CAM’s technician or technical support working hours is needed. The external users will be waived from any charge if he is collaboration with one of the CAM researchers. In all cases, all needed chemicals and consumables has to be provided by the service requester. |

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| **Signatures:** | | |
| Applicant’s Senior lab tech | Applicant | Principal investigator |
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