



Request #: _____ (for office use only)

Date: _____

XMU

External user

Request Form for The Usage of Laboratory and Research Facilities			
1. Researcher			
Name			
Matrix no.		IC/passport no.	
Institution			
Department			
Address			
Contact	Tel:	Email:	
2. Supervisor/Principle Investigator			
Name			
Staff ID		IC/passport no.	
Institution			
Department			
Address			
Contact	Tel:	Email:	
3. Nature of the work (brief descriptions)			
4. Duration			
Proposed start date:			
Proposed end date:			
5. What are the facilities required for the work? (please provide details)			
6. Are the required materials for the job available for you? _____ What are the materials you need from us?			
7. Do you require training from us? _____ What technical assistance you need from us? <input type="checkbox"/> Comprehensive training <input type="checkbox"/> Not require		<input type="checkbox"/> Fresh user <input type="checkbox"/> Experience user	
8. Billing information			
Billing Address			
Person in charge			
Contact	Tel:	Email:	



Indemnity and liability

In consideration for the User's activities in the Xiamen University Malaysia (XMUM) laboratory, the User shall accept all risk to my health and/or injury to my person, or my death, that may result from using facilities in XMUM laboratory and User shall release the XMUM, its governing board, officers, employees and representatives from any and all liability to the User, The User's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death, that may result from or occur while using facilities in XMUM laboratory, whether caused by negligence of the XMUM, its governing board, officers, employees, or representatives or otherwise. The User shall indemnify and hold harmless the XMUM and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while using facilities in XMUM.

In the event of loss and/or damages suffered by XMUM to the facility(s) and premise(s) due to the misconduct or gross negligence of myself, The User shall be held responsible for any loss and/or damages and accept any and all cost incurred.

Declaration

I have filled the form and read the terms and conditions carefully. I hereby declare that I have understood and accepted all the terms and conditions stated above. I further declare that I shall strictly follow the safety procedures during my work.

_____	_____
User Name :	Supervisor Name :
IC/passport no. :	IC/passport no. :
Date :	Date :

=== FOR OFFICE USE ONLY ===

Comment(s) from reviewer:

Accepted Rejected

Name:
Date: