Molecular and Cell Biology Laboratory
in collaboration with Prince Naif Health Research Center

LABORATORY USE REQUEST
STUDENT FORM

INSTRUCTIONS

1. This form applies to all students who will be using the facilities and equipment of the Molecular and Cell Biology (MCB) Laboratory for research purposes as stipulated in the MCB Laboratory Policies.
2. This form shall be accomplished in duplicate and must be submitted for approval at least 5 working days (1 week) before start of the laboratory work.
3. The student's copy should be posted inside the laboratory.
4. All individuals accessing and utilizing the laboratory facilities must read both the Laboratory Safety Guidelines and Laboratory Policies in accordance with KSU College of Dentistry Safety Policies.
5. The student and the research supervisor are to acknowledge the use of the Molecular and Cell Biology Laboratory in their thesis and publications.

REQUEST FORM NO. *To be filled-up by MCB Lab Staff only.*	**LUR20**YY – MM – 0000	**Date Requested:** DD/MM/YYYY

RESEARCHER'S INFORMATION

◯ PROF. ◯ DR. ◯ MR. ◯ MS	**FULL NAME**	
◯ MALE ◯ FEMALE	Student Type ◯ Postgraduate ◯ Intern ◯ Undergraduate	I.D. Number
Department/College	Mobile	E-mail

RESEARCH INFORMATION *(Please attach CDRC Approval Form, Materials and Methods and Protocols)*

CDRC Project No.		**KACST Grant No.**		◯ Funded ◯ Non-Funded
TITLE				**IRB No.:**
Duration	Start Date DD/MM/YYYY	End Date DD/MM/YYYY	Start Time DD:MM AM|PM	Start Time DD:MM AM|PM
Supervisor Name		Dept. / College	Mobile / Email	Academic Rank

LABORATORY INSTRUMENTS / EQUIPMENTS REQUIRED

CELL CULTURE
- ☐ [CC1] LabGard Class II, Type A2 Biosafety Cabinet
- ☐ [CC2] Digital Water Bath
- ☐ [CC3] Sigma 2-6E Compact Centrifuge
- ☐ [CC4] Laboratory CO_2 Incubator
- ☐ [CC5] Differential Cell Counter
- ☐ [CC6] Isotemp -20°C Laboratory Freezer

GENE & PROTEIN ANALYSIS
- ☐ [GP1] Autoblot Microhybridization Oven
- ☐ [GP2] Digital Dry Bath Incubator
- ☐ [GP3] Hoefer Slab Gel Dryer
- ☐ [GP4] U:Genius^3 Gel Imaging System
- ☐ [GP5] Hoefer UV Crosslinker
- ☐ [GP6] Cytospin4 Cytocentrifuge
- ☐ [GP7] Eppendorf Microcentrifuge
- ☐ [GP8] Allegra 6R Centrifuge
- ☐ [GP9] Sigma 3-30KS Refrigerated Centrifuge
- ☐ [GP10] Savant SpeedVac Concentrator
- ☐ [GP11] Biotek Synergy Microplate Reader
- ☐ [GP12] Fluoroskan Fluorometer and Luminometer
- ☐ [GP13] AB 7500 Real-Time PCR System
- ☐ [GP14] AB GeneAmp PCR System 9700
- ☐ [GP15] GFL 3005 Orbital Shaker
- ☐ [GP16] Exella Incubator Shaker
- ☐ [GP17] VWR Digital Vertex Mixer
- ☐ [GP18] Branson Digital Ultrasonic Cell Disruptor
- ☐ [GP19] Isotemp -4°C Laboratory Refrigerator
- ☐ [GP20] Isotemp Ultra-Low Temperature -80°C Freezer
- ☐ [GP21] Cryopal Cryogenic Vessel (Liquid Nitrogen Storage)
- ☐ [GP22] LI-COR Odyssey CLx Imaging System
- ☐ [GP23] LI-COR C-Digit Blot Scanner

ELECTROPHORESIS EQUIPMENT
- ☐ [GP-E1] Mini protein gel system w/ transfer unit
- ☐ [GP-E2] Maxi protein gel system w/ transfer unit
- ☐ [GP-E3] DNA and RNA

PIPETTOR (*Please indicate volume capacity needed.)*
- ☐ [GP-P1] Single channel: _____
- ☐ [GP-P2] Multi channel: _____

MICROSCOPE SYSTEM
- ☐ [MS1] Nikon Confocal Microscope
- ☐ [MS2] Nikon Eclipse Ti-U Inverted Microscope
- ☐ [MS3] Nikon Eclipse TS100 Inverted Microscope
- ☐ [MS4] Olympus MX51 Inspection Microscope
- ☐ [MS5] Carl Zeiss Imaging Microscope (*Cell Culture Room)*

Supplement Information

Specimen for Imaging: _____
Type of Specimen : □ Live specimen □ Fixed specimen
No. of Samples : _____
Dyes/probes/stains : _____
Technique Involved : _____

OTHER RESEARCH EQUIPMENT
- ☐ [OE1] Jenway pH & Conductivity meter
- ☐ [OE2] INTRAsurg 300 Dental Surgical Unit with Handpiece
- ☐ [OE3] Portable Suction Aspirator Unit
- ☐ [OE4] Interscan Halimeter with recorder
- ☐ [OE6] Hotplate with magnetic stirrer
- ☐ [OE7] Mettler Digital analytical balance
- ☐ [OE8] MakerBot Replicator 3D Printer
- ☐ [OE8] AnlyticJena PCR Cabinet Hood
- ☐ [OE9] Bench Top Autoclave

☐ **YES**, I have read, understood and agreed to all the terms and conditions stated above. I understand and accept the MCB Laboratory Policies and Procedures and that I will comply with all the rules and regulations.

REQUESTED BY: _____ Signature over Printed Student's Name / Date

NOTED BY: _____ Signature over Printed Research Supervisor's Name / Date

APPROVAL AND AUTHORIZATION

RECEIVED BY:	**ASSESSED BY:**	**REMARKS:**
◯ APPROVED ◯ DISAPPROVED BY:	◯ APPROVED ◯ DISAPPROVED BY:	

 Form LUR-S, version 4.2, Creation Date 26 May 2016 / Last Updated 30 May 2019

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MCB

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STUDENT FORM

LABORATORY CONSUMABLES REQUIRED				
NO.	ITEM DESCRIPTION	DESCRIPTION OF INTENDED USE / PURPOSE	UNIT	QUANTITY REQUIRED
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LABORATORY REAGENTS, KITS AND MATERIALS REQUIRED				
NO.	ITEM DESCRIPTION	DESCRIPTION OF INTENDED USE / PURPOSE	UNIT	QUANTITY REQUIRED
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