

APPLICATION TO USE RESEARCH LABORATORIES

Section A : To be filled by Applicant

I. Personal Particulars

Name of Staff/Student* : _____ Staff/Matric No* _____

Department : OMS / PD / RD / Dean's Office *

Contact Nos. : Tel/Hp : _____ Pager : _____ E-mail : _____

Nature of Project : UROP/MSc/MDS/PhD/Staff Research * Grant Amount : \$ _____

Tenure of Project : From _____ to _____ Source of Funding : _____

Project Title : _____

Research Initiatives : CCRB DBBP CCRU

II. Research Compliances

	Required	NOT Required
OSHE http://www.nus.edu.sg/osh/manuals/sop.htm	<input type="checkbox"/>	<input type="checkbox"/>
NUS IRB/NHG DSRB http://www.nus.edu.sg/irb/IRB%20Forms.htm http://www.b2bresearch.nhg.com.sg/Content/Content.aspx?id=e74b6b05-431c-4bde-99e5-75238a86006c	<input type="checkbox"/>	<input type="checkbox"/>
IACUC http://nus.edu.sg/iacuc/	<input type="checkbox"/>	<input type="checkbox"/>
ILO http://www.nus.edu.sg/ilo/	<input type="checkbox"/>	<input type="checkbox"/>

III. Location of Laboratory (Please tick where relevant)

Centre for Cranio-facial Regenerative Biology (CCRB)

<input type="checkbox"/> Microbiology Lab	<input type="checkbox"/> Histology Lab
<input type="checkbox"/> Molecular Lab	<input type="checkbox"/> Cell Culture Lab
<input type="checkbox"/> Stem Cell Culture Lab	<input type="checkbox"/> Oral Tissue Repository

Dental Biophotonic & Biomaterial Program (DBBP)

<input type="checkbox"/> Biophotonics Lab	<input type="checkbox"/> Cariology Lab/X-Ray Room
<input type="checkbox"/> Craniofacial Imaging & Computation Lab	<input type="checkbox"/> Biomaterials & Biomechanics Lab

IV. My request(s) for space is/are as follows :

Equipment space
Dimension of equipment : _____m X _____m X _____m
Duration required : _____
Special installation required : No Yes, pls specify : _____

Working space of _____m X _____m in the aforesaid laboratory

Cubicle space for my Research Assistant/Fellow/Post Doctoral Fellow, _____
(name)

Facilities, pls specify : _____

Service(s), pls specify : _____

Others, pls specify : _____

Signature of Applicant

Date

Section B : To be completed by Staff-in-charge of Equipment (#) (where applicable)

Supported

Not Supported

Comments / Recommendations (if any) :

Name / Signature of Staff-in-charge

Date

Equipments purchased under PI during grant period

Section C : To be completed by Lab Technologist

Consult main lab user

Comments / Recommendations (if any) :

Name/Signature of Lab Technologist

Date

Section D : To be completed by Supervisor (where applicant is a student) / RI Director

Supported

Not Supported

Comments (if any) :

Name/Signature of Supervisor

Date

Section E : To be completed by Vice Dean, Research / Dean

Supported

Not Supported

Comments (if any) :

Name/Signature of Vice Dean Research

Date

** Please delete accordingly*

INSTRUCTIONS FOR USERS

1. Access :
 - a) The DSO security pass and Dentistry lab access card are not transferable.
 - b) Visitors to labs must be for official purposes. Visits by family members and friends are strongly discouraged.
 - c) No visitors are permitted without the authorization of the lab-in-charge.
 - d) Visitors are not allowed to stay at the premises **without** the presence of their sponsors.

2. Office area :
 - a) Wearing lab coats and gloves are not allowed in the office area.
 - b) Only finger foods and drinks are allowed in the office area.

3. Lab area :
 - a) No eating or drinking is permitted in the labs.
 - b) Keep the labs clean and tidy at all times.
 - c) The PI is responsible for the safety of the projects and people involved.

4. Equipment :
 - a) A one-page protocol of experiment, highlighting the nature/procedures of the use of the equipment must be submitted to lab officer in-charge of equipment. (Use Appendix A)
 - b) Do not use equipment belonging to other PIs without approval of PI/lab officer-in-charge and proper training.
 - c) Usage of all equipment must be logged in the respective equipment record books.
 - d) Booking for equipment usage must be made at least 1 week in advance.
 - e) All equipment is to be returned to their original state after use.

5. Resources : Users are responsible for providing their own resources (manpower, consumables etc).

6. Damage : Supervisors/staff will be held responsible for any damage caused by students/themselves and for the discipline of their students.

Guidelines for the allocation of research space in FOD Research Labs

1. The FOD Research Lab has been designed with an open concept to facilitate exchange of ideas among research groups. Although there are designated areas for specific research themes, the lab spaces are to be used on a shared basis and all PIs are expected to respect this policy.
2. To prevent cross-contamination between each designated lab area, only research projects that are complementary or have a common theme may be allocated research space within each designated lab area.
3. The allocation of research space at the FOD Research Labs are under the purview of the VDR.
4. For daily operational effectiveness, each designated lab area is overseen by an academic staff. The staff I/C will enforce safe lab practices, and assist other staff members in using the research space within their designated area.
5. Every academic staff who wishes to use research space must make an application in the prescribed form "Application to Use Research Space".
6. This application form will require staff members to indicate the project title, amount of grant funding received, tenure of project, location and amount of space needed, and cubicle space needed for research students, RAs, RFs or PDFs.
7. Research space allocated to academic staff is based on the tenure of the research project. If a staff wishes to continue using the allocated research space in expectation of new or additional grant funding, the application must be made at least three months prior to expiry of current research project.
8. In the event that research space is tight, funded research projects will have priority over non-funded research projects in the allocation of research space.
9. Cubicle space for research personnel (RS, RAs, RFs and PDFs) is allocated after application approval by VDR. The cubicle space is allocated on a shared basis for RS, RAs, RFs without PhD. PDFs will be allocated a workstation space on a single-user basis.

A ONE-PAGE PROTOCOL OF EXPERIMENT.
(To be submitted to Lab Officer-in-charge of equipment)

Project Title: _____

Group members: _____

Supervisor(s): _____

Objectives/Short Description of the Project:

Protocol of Experiment : *(Pls highlight the nature/procedures of the use of the equipment)*

Is the project funded ? Yes No

Prepared By :

Staff/Supervisor's Signature/Date