

BRC – Form 2
Service and Access Facility Request Form
Submitted before starting the Project

Date:

<p><u>QU:</u> <input type="checkbox"/> Under graduate student <input type="checkbox"/> Post-graduate student <u>QU Staff:</u> <input type="checkbox"/> Academic staff <input type="checkbox"/> Non-academic staff</p>	<p><u>External</u> <input type="checkbox"/> Student <input type="checkbox"/> Research assistant <input type="checkbox"/> Post-doctoral fellow</p> <p>Services:</p>
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1. Application
<p>Project Title/Service:</p> <p>Project/Service Duration:</p> <p>Grant source:</p> <p>Grant number:</p>
2. Lead Applicant's (Internal/External) Details
<p>Name:</p> <p>Title:</p> <p>Department :</p> <p>Institution:</p> <p>Telephone Number:</p> <p>Email Address:</p> <p>Address:</p>

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3. Applicant's (internal/external) Details	
Name:	
Student/QU- ID number:	e-mail address:
Department:	
Institution:	
Role in project:	

4. Facilities request
<u>Please provide the following details:</u>
Source of samples:
Hazardous: yes or no?
Types and number of samples:
Equipment used:
Research protocol(s):
Chemicals used:
Radioactive: yes or no?
Infectious material, IBC registration, and MSDS (attach):
Recombinant DNA and IBC registration (attach):
Human samples and IRB registration (attach):
Animal samples:
Consumables and supplies:
Starting usage date:

Expecting end usage date:

4. Facilities Request – Continued

Working days/time:

Available budget:

5. Compliance with Biosafety Rules and Regulations of Qatar University

I, the undersigned, have read and understood the attached documents regarding the basic biosafety level 2 (BSL2) practices, and the laboratory safety manual prepared by Qatar University (<http://www.qu.edu.qa/offices/businessop/policies.php>). I confirm and accept that I will attend the first biosafety training session provided by Qatar University or BRC, and I will strictly implement BSL2 practices while working in BRC 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 BRC as soon as an incident occurs. I understand that my research protocol is approved by the Institutional Review Board (IRB), and the Institutional Biosafety Committee (IBC) at Qatar University, and that Material Safety Data Sheets are prepared for any hazardous materials, and infectious reagents are being used/stored in the laboratories.

Signature

6. Service Charge

For internal users, services will be free of charge upon acknowledgment of BRC. For external users, an acknowledgment of BRC and payment for the cost of BRC's technician working hours is needed. The external users will be waived from any charge if he is collaboration with one of the BRC researchers. In all cases, all needed chemicals and consumables has to be provided by the service requester.

Signatures:

Ms. Naiema Al-Meer BRC Technical Manager	Applicant's Senior Lab Tech	Applicant's (s)	Principle Investigator