



## Registration Form for Smart Lock & Equipment Booking System

Please complete ALL information requested, failure to do so will delay processing of your application  
Please complete in **BLOCK CAPITALS**

APPLICANT INFORMATION			
<b>Name:</b>	Last Name (in <b>BLOCK</b> letter)	First Name (in <b>BLOCK</b> letter)	Gender 中文名字
<b>Status:</b>	<input type="checkbox"/> New Application <input type="checkbox"/> Extend Contract <input type="checkbox"/> Change Card	<input type="checkbox"/> Faculty <input type="checkbox"/> Technical Staff <input type="checkbox"/> Research Student (MPhil / MSc / PhD) <input type="checkbox"/> Research Staff (Postdoc / Research Associate / Research Assistant / Others _____) <input type="checkbox"/> Technical Assistant (Graduate / Undergraduate)	
<b>User Type:</b>	<input type="checkbox"/> SKLMP Member <input type="checkbox"/> Non-SKLMP Member	Supervisor: _____	Institution/Department: _____ Supervisor: _____ SKLMP Host (if applicable): _____
<b>CityU ID Card No.:</b>	( )	<b>CityU EID:</b>	(MUST PROVIDE)
<b>Valid Period:</b>	DD / MM / YYYY	to	DD / MM / YYYY
	Contract or studentship duration ( <i>the maximum duration of validity for Non-SKLMP Member is limited to six months</i> )		
<b>University E-mail Address:</b>		<b>Contact No:</b>	
<b>Safety Training Date:</b>	Department Safety Induction Finished on:	DD / MM / YYYY	Verified by Department Safety Officer
	Web-based Finished on: (except Non-CityU User)	DD / MM / YYYY	
<b>Risk Assessment Form Submission Date:</b>		DD / MM / YYYY	
<b>Signature of Applicant:</b>		<b>Date:</b>	DD / MM / YYYY
<b>Supervisor Approval:</b>	Prof. / Dr.	Name (in <b>BLOCK</b> letter)	Signature



EQUIPMENT LIST		PERSON-IN-CHARGE	Endorsed by
<input type="checkbox"/> Agilent 7890A/5975C GC-EI/CI MSD <input type="checkbox"/> Frontier Lab Pyrolyzer equipped with Agilent 7890A/5975C GC-EI/CI MSD <input type="checkbox"/> Thermo Fisher TSQ 9000 Triple Quadrupole System GC-MS/MS <input type="checkbox"/> Thermo Fisher Q Exactive GC hybrid quadrupole-Orbitrap mass spectrometer <input type="checkbox"/> Agilent 1290 Infinity UPLC equipped with AB SCIEX 5500 Qtrap MS <input type="checkbox"/> Agilent 1290 Infinity UPLC equipped with AB SCIEX 6500 Qtrap MS <input type="checkbox"/> Agilent 1290 UPLC equipped with SCIEX X500R QTOF MS/MS <input type="checkbox"/> Thermo Scientific Orbitrap IQ-X Tribrid Mass Spectrometer <input type="checkbox"/> Waters Alliance 2695 HPLC system with 2998 PDA detector <input type="checkbox"/> Accelerated Solvent Extractor 200 <input type="checkbox"/> Labconco FreeZone 4.5 Liter -50C Benchtop Freeze Dryer <input type="checkbox"/> Automated Gel Permeation Chromatography System <input type="checkbox"/> Elementar Vario Total Organic Carbon Analyzer <input type="checkbox"/> Elementar Vario Elemental Analyzer <input type="checkbox"/> Flow Injection Analyzer		Dr. Jiajun WU	
<input type="checkbox"/> BD FACS Canto II Flow Cytometer <input type="checkbox"/> BD FACS Aria III Flow Cytometer <input type="checkbox"/> The MiniSeq System <input type="checkbox"/> Danio Vision System with Etho Vision XT software <input type="checkbox"/> MAX-IMAGING-PAM CHLOROPHYII FLUORESCENCE <input type="checkbox"/> DIVING- PAM-II <input type="checkbox"/> QIA amplifier 96 <input type="checkbox"/> ABI Real-time PCR Step One <input type="checkbox"/> Bio-Rad C1000 Touch Thermal Cycler <input type="checkbox"/> Bio-Rad Touch Real-time PCR CFX96 <input type="checkbox"/> Molecular Devices Spectramax M2e <input type="checkbox"/> ESCO Laminar Flow Clean Bench <input type="checkbox"/> ESCO LA2-4AX Biological Safety Cabinet		Dr. Cindy TAN	
<b>FOR OFFICE USE ONLY</b> (Form Received Date: DD / MM / YYYY )			
Endorsed by Dr. WU Jiajun:		Date:	DD / MM / YYYY
Data Input by:	Name	Signature	Date: DD / MM / YYYY