الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Garden of Knowledge and Virtue

KULLIYYAH OF NURSING

CHEMICAL REQUEST FORM

A.	APPLICANT'S DETAIL INFORMATION
	Name of Requestor :
	Staff/Matric No. : Contact No.:
	Position :
	K / C / D / I / O :
	Programme/Project/Course Name : **Please attach a copy of your programme letter*
	Start Date : End Date :

B. REQUIRED ITEMS DETAIL

NO.	DESCRIPTION OF CHEMICAL	QUANTITY	REMARKS

C. DECLARATION BY REQUESTOR

I, the requestor of the above, hereby declare that I will adhere to all rules and regulations posed on me by Kulliyyah of Nursing as stipulated in the "Rules of undergraduate and Postgraduate Working in Laboratories".

Signature:

Date :

Official stamp:

VERIFIED BY:
(Programme Manager/Supervisor/Head of Department)

Signature:

Date :

Official stamp:

E.	**CHECKED/RECOMMENDATION BY:** **LABORATORY OFFICE, KULLIYYAH OF NURSING**
	☐ Checked and Recommended ☐ Not Recommended Comment: _____ Signature: _____ Stamp: Date:
F.	**APPROVAL BY:** **LABORATORY COORDINATOR**
	☐ Approved ☐ Not Approved Comment: _____ Signature: _____ Stamp: Date:
G.	**UPON GIVING :**
	Given by (Name, Initial, Date) : Borrowed by (Name, Initial, Date) : Deposit (if any) :

**Note : - The form is to be submitted to the Laboratory Office at least 3 days prior to the date requested.*
- Approval must be obtained from the Laboratory Coordinator.
- Please use additional space at the back of this page if space is insufficient.
- Please keep a copy for your reference.