



Ref No: IIUM/307/4/23/1/3  
Revision: 03 (2023)  
Effective Date: 02 Oct 2023

**LABORATORY MANAGEMENT OFFICE  
KULLIYAH OF SCIENCE**

**DISPOSABLE/CONSUMABLE ITEM(S) REQUEST FORM**

**Note:** As stated in the timetable, the form must be submitted to the lab staff in charge 3 DAYS before the collection day.

**A. Application Details Information**

Name : \_\_\_\_\_  
Matrix/Staff No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Dept. / Kull. / Ins. : \_\_\_\_\_  
Project Title : \_\_\_\_\_  
Supervisor : \_\_\_\_\_  
Co-supervisor (if any) : \_\_\_\_\_

**B. Required Item(s)**

No	Description of Item(s)	Quantity	Inventory Status (Office Use)	Remarks
1			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No*	

\*The delivery is based on delivery terms by supplier (1-3 months)

*Requested by;*

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

*Recommended by;*

*Approved by;*

\_\_\_\_\_  
Sign & stamp  
(Supervisor/Co-Supervisor)  
Date:

\_\_\_\_\_  
Sign & stamp  
(Science Officer/Assistant Science Officer)  
Date:

**For Laboratory Office Use Only**

Issued by : \_\_\_\_\_ Received by : \_\_\_\_\_  
Date : \_\_\_\_\_ Date : \_\_\_\_\_

*Note: Please use additional space at the back if space is insufficient.  
Please keep a copy of this form for your reference.*

No	Description of Item(s)	Quantity	Inventory Status (Office Use)	Remarks
10			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
11			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
12			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
13			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
14			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
15			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
16			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
17			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
18			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
19			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
20			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
21			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
22			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
23			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
24			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
25			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
26			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
27			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
28			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
29			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
30			<input type="checkbox"/> Yes <input type="checkbox"/> No*	