



THE FACULTY OF MEDICAL SCIENCES

Teaching & Laboratory Complex, UWI Cave Hill Campus

Laboratory Use Application Form

CONTACT INFORMATION	
Principal Investigator:	
Post:	
Institutional affiliation:	
Institution Address:	
Telephone:	Email:
PROJECT SUMMARY/ ABSTRACT (250 WORDS)	
Title	
Aim	
Methods	
Outcomes	



Did the project receive IRB Approval?			
If "NO" Why?			
Anticipated project start date:			
Is the project related to thesis/graduate work?			
Does the project currently have assigned space in the lab or any laboratory? (if yes, please state)			
How many work station are required? (1, 2 or 3 etc)			
Grant/ Funding Information			
Does the project have funding?			
Grant Number/ Reference Code			
Fund Amount	\$		
OFFICIAL USE ONLY			
Quality Officer 1:		Signature:	
Date Application received			
Project Code			
Approval status			
Work station #		Cubicle #	Printer Code:
<ul style="list-style-type: none"> ➤ Approved projects will automatically require a deposit of BBD \$700.00 for a workstation kit. Additional charges may be accrued for the use of the equipment. ➤ Projects undertaken by Principal Investigators who are NOT Faculty members of the Faculty of Medical Sciences will be required to pay a standard workstation and kit fee of BBD \$1500.00/month. ➤ This work station fee includes 24hr access to the Laboratory space and its amenities. ➤ A printer code number will be assigned to your project. ➤ Failure to comply to the Rules & regulation of the Laboratory will result in the disqualification of your application and eviction from the space 			
Applicant's Signature:			
Chairperson Signature:		Date:	