

**DEPARTMENT OF CLINICAL DIAGNOSTIC LABORATORIES
FACULTY OF MEDICINE UNIVERSITI TEKNOLOGI MARA**



Level 1, Clinical Training Centre,
Pusat Perubatan UiTM Sg Buloh,
Jalan Hospital,
47000 Sg Buloh, Selangor Darul Ehsan
Tel: 03-6125 5215 / 5213
Fax: 03-6126 5224

Level 1, Hospital UiTM
Puncak Alam Campus,
42300 Puncak Alam,
Selangor Darul Ehsan
Tel: 03-3396 3130 / 3131
Hp: 013-343 7446 (Dr. Rafezah Razali)

RESEARCH REQUEST FORM (RRF)

REQUEST FOR LABORATORY TESTS, USING EQUIPMENT, STORAGE OF CONSUMABLE / SAMPLES FOR RESEARCH PROJECTS

A. Project details:

Title of Research Project : _____

Type /Name of Grant : _____

Grant Code : _____

Research Ethics Committee Approval No: _____

Duration : _____ From: _____ Until: _____

Name of Principal investigator (PI) : _____

Name of Postgrad Student/ Research assistant: _____ Contact No: _____

Date of request : _____

B. Request details:

Requests for the above project (Please tick the appropriate box):

i.	Laboratory test (please fill in the subsequent details in C. Details for laboratory tests and D. Appointed Co-researcher/ Laboratory Consultant * please get the <i>Research Code</i> before ordering your request in UNIMED system. * please send sample with pink form (Chemical Pathology and Hematology Request Form).	
ii.	Consumables storage space	
iii.	Storage space for (-20°C)	
iv.	Storage space for (-80°C)	
v.	Equipment (Please state the name of the equipment): _____	

C. Laboratory tests requested:

No.	Name of Tests	Quantity of tests	Remarks

RA will take back the samples after analysis: YES NO

* After analysis, the sample will be kept in 2-8 degree Celsius for 7 days before being discarded. If the researcher wanted to take the sample back, kindly do so before the stipulated time.

D. Appointed Pathologist/ Microbiologist:

I hereby appoint Prof / Ass Prof/ Dr..... as a:

- Co-Researcher
- Laboratory Consultant
- Both
- Others

*The following acknowledgement shall be included in all publications that incorporate any results obtained through the Department of Clinical Diagnostic Laboratories.

"This project was carried out in part by the Department of Clinical Diagnostic Laboratories, Faculty of Medicine, Universiti Teknologi MARA".

Signature of Principal Investigator (PI) : _____

Official stamp :

Contact details Office Tel No. : _____
 H/P No. : _____
 Email : _____

Date: _____

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Appointed Co-Researcher/ Laboratory Consultant

I hereby agree to be a Co-Researcher / Laboratory Consultant / Both of the above research project. I will provide my contribution to my best professional ability to the above project.

Name : _____

Signature : _____

Designation : _____

Date : _____

For laboratory Use:

Date of application received :

Date of approval :

File No. :