 DEPARTMENT OF PARASITOLOGI FACULTY OF MEDICINE UNIVERSITY OF MALAYA

50603 KUALA LUMPUR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ACL-2 APPLICATION FORM | | | | | | | |
| Applicant Information | | | | | | | |
| Applicant’s Name : | | | | | | | |
| I.C No./Matrix Card: | | | | | | | |
| Level of Study (PhD/ Masters/ Bachelor/ Others) : | | | | | | | |
| Department / Faculty: | | | | | | | |
| Phone: | | Mobile: | | | | Email: | |
| 1. **Supervisor/ Principal Investigator Information** | | | | | | | |
| Supervisor/ Principal Investigator’s Name : | | | | | | | |
| Academic Title : | | | | | | | |
| Department / Faculty: | | | | | | | |
| Phone: | | | Mobile: | | | | Email: |
| 1. **Study Information** | | | | | | | |
| Title of Project : | | | | | | | |
| Duration  IA  jjjjjj | Start Date : | | | | End Date : | | |
| 1. **Billing Information (please leave blank until further notice)** | | | | | | | |
| **Source #1** | | | | | | | |
| Grant Type : | | | | Grant No. : | | | |
| Grant Expiry Date : | | | | | | | |
| **Source #2** | | | | | | | |
| Grant Type : | | | | Grant No. : | | | |
| Grant Expiry Date : | | | | | | | |
| 1. **Applicant Purpose Request** | | | | | | | |
| Half Day Experimental Procedures ☐    Full Day Experimental Procedures ☐    Others ☐ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

|  |
| --- |
| **6. Breeding / Colonizing Of Mosquitoes** |
| **ARTHOPOD CONTAINMENT LEVEL-**   1. **CLIMATIC CHAMBER**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of mosquitoe** | | **Agent** | **No. Cage will used** | **Duration** | | **GENUS** | **SPECIES** | **Date** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. **Please Describe your experiment work inside the lab :**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Define your Sample Transportation :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Applicant Signature:** |
| I acknowledge that the Dept. of Parasitology shall bill us and we agree to pay all fees for the services in accordance with the attached ACL-2 Application Form.  …………………………………………………………  (Name: ) |

Form received by : Approved by :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Head

Insectary & ACL 2 Department of Parasitology

Department of Parasitology Faculty of Medicine

Faculty of Medicine University of Malaya

**PROCEDURAL CHARGES**

|  |  |
| --- | --- |
| **PROCEDURES** | **SERVICE CHARGE PER USE** |
| Half Day Experimental Procedures | RM50.00 |
| Full Day Experimental Procedures | RM 100.00 |

\*For cash payment, please use epay@um at <https://epay.um.edu.my/payment/pay/512> and send the official receipt to the afie@um.edu.my