

**Coastal Marine Laboratory
The Hong Kong University of Science and Technology**

Research Request Form

Name of Applicant: Department: Position of applicant: Staff/Student Number: Email address: Proposed arrival date:	Supervisor: Contact No.: Proposed departure date:
--	--

Title of Research Project:

Brief description of Project(s) to be conducted at CML:

Equipment required: (please tick)

- Agarose electrophoresis DGGE chamber 2-D gel (protein gel) Bioreactor
- Flow cytometer FlowCAM Fluorometer microplate reader
- HPLC UPLC-ToF MALDI-ToF Rotor-vac Speed-vac
- TOC analyzer CHN analyzer Ultra/High-speed centrifuge
- 80°C Freezer Refrigerator Desiccators Sonicator
- Dissecting microscope Epi-fluorescence microscope Compound microscope
- Biological safety cabinet Biological incubator Environmental Chamber
- Seawater table Autoclave machine
- Others (please specify):

Radioisotopes. Do you propose to use radioisotopes? If yes, please list isotopes and activities. *A document issued by your institution stating that you are licensed to work with the isotopes listed must be presented to CML administrative office prior to starting your radioisotope works in CML.*

Chemicals. Please list below any chemicals you propose to use. *All research chemicals brought to CML must be labeled in accordance with the university's regulations.*

Wastes. Please list below any wastes and their quantities you expect to produce.

Applicant's Signature: _____ Supervisor's Signature: _____

CML Director's Approval : _____