



**PUSAT PENGAJIAN SAINS PERGIGIAN**  
**BORANG PERMOHONAN PERKHIDMATAN/PERALATAN/KEMUDAHAN**  
**SERVICES/TESTING/FACILITIES APPLICATION FORM**

MAKMAL SAINS KRANIOFASIAL       MAKMAL BIOMATERIAL

1. MAKLUMAT PEMOHON / APPLICANT INFORMATION			
Nama / Name		E-Mel / E-Mail	
Alamat / Address		No. Tel/ HP/Ext	
Status / Status (tanda yang berkenaan)	<input type="checkbox"/> Staf PPSG (PPSG Staff) <input type="checkbox"/> Staf USM Luar PPSG (Non PPSG Staff) <input type="checkbox"/> Pelajar PPSG (PPSG Student) <input type="checkbox"/> Pelajar USM Luar PPSG (Non PPSG Student) <input type="checkbox"/> Institusi Luar USM (Other Institution)*Nyatakan / Please state :		

2. PERKHIDMATAN & KEMUDAHAN MAKMAL / LABORATORY SERVICES & FACILITIES					
Bil	Nama / Name	Tanda ( / )	Bil	Nama / Name	Tanda ( / )
1.	Clean Room		5.	Flow Cytometer	
2.	Freeze Dryer		6.	Confocal Laser Scanning Microscope	
3.	Real Time PCR Machine		7.	Live Cell Imaging	
4.	Profilometer		8.	Imaging System Mirax Scanning	

3. UJIAN MAKMAL / LABORATORY TESTING							
Bil	Nama / Name	Tanda ( / )	Sample Count	Bil	Nama / Name	Tanda ( / )	Sample Count
1.	Cytotoxicity (MTT Assay)			3.	Automated Thermocycler Dipping Machine (ATDM)		
2.	Antimicrobial Testing :			4.	Material Testing :		
	i) Sterility Test				i) Tensile Test		
	ii) Agar Diffusion Test (Aerobic)				ii) Flexure Test		
	iii) Agar Diffusion Test (Anaerobic)				iii) Compression Test		
	vi) Minimum Inhibitory/Bactericidal Concentration (MIC/MBC) (Aerobic)				iv) Shear Bond Test		
	v) Minimum Inhibitory/Bactericidal Concentration (MIC/MBC) (Anaerobic)			5.	Oral Histopathology Examination (state):		

4. SOKONGAN MAKMAL / LABORATORY SUPPORT					
Bil	Nama / Name	Tanda ( / )	Bil	Nama / Name	Tanda ( / )
1.	Latihan / Training		3.	Kursus Penyelidikan / Research Course	
2.	Latihan Industri / Industrial Attachment		4.	Bengkel / Workshop	
Sila Nyatakan / Please state:					

5. MAKLUMAT TEMPAHAN / ORDER INFORMATION	
Jenis Sampel / Sample Type (slaid/pepejal/cecair) (slide/solid/liquid)	
Jumlah Tempahan/Sampel Order / Sample Count	
Lain-lain keperluan / Special Needs	

Tandatangan Pemohon / Applicant Signature:

Tarikh / Date:

Nota: Sila semak e-mel anda dalam masa 5 hari bekerja untuk makluman sebutharga / Please check your e-mail for quotation in 5 working days.

**6. KEGUNAAN MAKMAL / LABORATORY USE ONLY**

Kadar Caj tempahan/ujian x Bil. Sampel <i>Service Charge Rate x Total Sample</i>	
Nama Staf/Operator <i>Staff/ Operator's Name</i>	1) 2)
Nama Perunding/Konsultan <i>Consultant</i>	

**7. KELULUSAN / APPROVAL**

Nombor Nota Caj / Tarikh <i>Charge Note / Date</i>	
Nombor Sebutharga USAINS <i>USAINS Quotation Number</i>	
Pegawai Terlibat <i>Officer In Charge</i>	
Tandatangan & Cop <i>Signature &amp; Stamp</i>	

Tarikh Semakan	Ogos 2020
Tarikh Kuatkuasa	