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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **ICMS Instrument Training and Examining Application** | | | | | |
| **（申請人請先參閱備註之重要事項，填寫表格後交到實驗室技術員處。）** | | | | | |
|  | |  | | | | | |
| **Requester Information** | | | | | | | |
| Name |  | | | Student No. |  | | Form Number  *(For internal use)* |
| E-mail |  | | | Tel./Ext. |  | |  |
| Office |  | | | P.I. |  | |
| **Instrument Information** | | | | | | | |
| Instrument Name |  | | | | | | |
| Model |  | | | | | | |
| Internal No. |  | | | | | | |
| Location |  | | | | | | |
| **Justification** | | | | | | | |
|  | | | | | | | |
| **Signature** | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date: | | | Date: | | | Date: | |
| Applicant | | | Instrument Assistant | | | Lab Technician | |

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| **Fill in by lab technician** | | | |
| Application Received Date |  | | |
| Training Person |  | Email |  |
| Training Date |  | Training Time |  |
| Examining Date |  | Examining Time |  |
| Examination Result |  | | |
| Follow-up |  | | |

備註：

1. 申請者在使用實驗室內任何儀器前需經由培訓及通過考核方可獨立操作；
2. 申請者填妥表格後交到技術員辦公室，由技術員安排培訓及考核時間，並會以電郵形式確認；
3. 部分儀器將由研究助理或儀器負責人幫忙培訓，但仍須由技術員進行考核；
4. 考核通過後按儀器預約程序進行預約，部分儀器採用紙本預約形式，部分收費儀器則採用LMIS系統預約，詳細情況請向技術員查詢，未得批准前禁止擅自使用儀器。