

BRC – Form 1
Using Space Request
Submitted before starting the Project

Date:

1. Application
Project Title:
Project Duration :
Grant source:
Grant number:
Project duration:
Start date:
End date:

2. Lead Applicant's Details
Title:
Surname:
Forename:
Post held:
Department :
Institution:
Role in project:
Contact details:

3. Co-applicant's Detail

Title:

Surname:

Forename:

Post held:

Department :

Institution:

Role in project:

4. Facilities request

Please indicate the type of resources / facilities you require and specify the frequency of their usage.

5. Compliance with Biosafety Roles and Regulations of Qatar University

I the undersigned have read and understood the attached documents regarding the basic Biosafety level 2 (BSL2) practices, and the lab safety manual prepared by QU (Qatar University web site). I will also attend the first possible Biosafety training session provided by QU/ BRC and I will strictly implement BSL2 practices while working in BRC facilities. I confirm that I have a full health insurance coverage provided to me by () and I will be deeming responsible for any incident occur due to my malpractice and fill BRC reporting incidence form. I also understand that my research protocol is approved by Institutional Review Board (IRB), and Institutional Biosafety Committee (IBC) of Qatar University and that MSDS are prepared for any hazardous materials and infectious reagents being used/stored in the lab I recognize that all matters/information related to the work in BRC are considered strictly confidential and may not be disclosed to a third party without a written authorization from the BRC director.

Signature

