



"Bone and Joint Research Laboratory Service Request Form"

Organization Information			
University/Department			
Supervisor Name		Tel/ Fax	E-mail
Research Details			
Project Title:			
Student's Name	Student No.	Phone No.	E-mail
Required Equipment	Number of Tests	Number of Sample	Cost
Student responsibility & consent	I agree to use the equipment in a responsible manner while complying with all applicable laws and restrictions. In case of damage, I will take the responsibility for repairing or replacing equipment.		
	Date.....		
	Student's Signature		
Head of Laboratory	Date.....		
	Supervisor Signature		