 DEPARTMENT OF PARASITOLOGI FACULTY OF MEDICINE UNIVERSITY OF MALAYA

 50603 KUALA LUMPUR

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| ACL-2 APPLICATION FORM |
| Applicant Information |
| Applicant’s Name : |
| I.C No./Matrix Card: |
| Level of Study (PhD/ Masters/ Bachelor/ Others) : |
| Department / Faculty: |
| Phone:  | Mobile: | Email: |
| 1. **Supervisor/ Principal Investigator Information**
 |
| Supervisor/ Principal Investigator’s Name : |
| Academic Title : |
| Department / Faculty: |
| Phone: | Mobile: | Email: |
| 1. **Study Information**
 |
| Title of Project : |
|  DurationIAjjjjjj | Start Date : | End Date : |
| 1. **Billing Information (please leave blank until further notice)**
 |
| **Source #1** |
| Grant Type : | Grant No. : |
| Grant Expiry Date : |
| **Source #2** |
| Grant Type :  | Grant No. : |
| Grant Expiry Date : |
| 1. **Applicant Purpose Request**
 |
|   Half Day Experimental Procedures ☐   Full Day Experimental Procedures ☐  Others ☐ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **6. Breeding / Colonizing Of Mosquitoes** |
| **ARTHOPOD CONTAINMENT LEVEL-**1. **CLIMATIC CHAMBER**

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| --- | --- | --- | --- |
| **Name of mosquitoe** | **Agent** | **No. Cage will used** | **Duration** |
| **GENUS** | **SPECIES** | **Date** |
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1. **Please Describe your experiment work inside the lab :**

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| 1. **Applicant Signature:**
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| I acknowledge that the Dept. of Parasitology shall bill us and we agree to pay all fees for the services in accordance with the attached ACL-2 Application Form.…………………………………………………………(Name: ) |

Form received by : Approved by :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Head

Insectary & ACL 2 Department of Parasitology

Department of Parasitology Faculty of Medicine

Faculty of Medicine University of Malaya

**PROCEDURAL CHARGES**

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| --- | --- |
| **PROCEDURES** | **SERVICE CHARGE PER USE** |
| Half Day Experimental Procedures  | RM50.00 |
| Full Day Experimental Procedures  | RM 100.00 |

 \*For cash payment, please use epay@um at <https://epay.um.edu.my/payment/pay/512> and send the official receipt to the afie@um.edu.my