

**Centre for Regenerative Medicine and Health (CRMH), HKISI, CAS**  
**Proposal for Carrying out Lab Activities and/or Use of Core Equipment in CRMH**

(This form should be typewritten. Please use additional page(s) where necessary.)

1. **CRMH full-time staff** (staff who accompanies the Visitor to conduct lab activities and/ or operate the CRMH core equipment)

Name (Surname, other name(s))	CRMH Email	Tel no.
Research Project Team (e.g., Rp 1-1)	Staff no.	

2. **Visitor(s)** (Non-CRMH person(s) who conduct(s) lab activities and/ or operate CRMH core equipment)

Name (Surname, other name(s)) and Staff/ Student no.	Email (with the Research Institute's domain name)	Tel no.
Research Institute	Department	
Emergency Contact Person		
Name	Tel no.	

3. **Principal Investigator (PI):**

Name (Surname, other name(s))	Email (with the Research Institute's domain name)	Tel no.
Research Institute	Department	

4. **Project Title** (Chinese/ English as of the Collaboration Agreement)  
(in Chinese)

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(in English)

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Please complete the 2<sup>nd</sup> page ⇒

**5. Project Summary**

A description of the methodology of your project and the requested core equipment to be used.

Start Date in CRMH:	End Date in CRMH:
Insert Summary of Project (Max. 250 words)	

**6. Hazard Assessment**

Does the research involve the use of any of the following? (Please tick if appropriate)

a.	Biological Hazards (microbiological or viral agents, pathogens, toxins, select agents)	<input type="checkbox"/>										
b.	Human / Animal cells or tissue samples (for example, cultures, biopsies, blood, other body fluids, or cell lines). List all cell lines, body fluids or tissue samples involved: <table border="1"> <thead> <tr> <th>Cell lines, body fluids or tissue samples involved</th> <th>Details</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Cell lines, body fluids or tissue samples involved	Details									<input type="checkbox"/>
Cell lines, body fluids or tissue samples involved	Details											
c.	Animals <table border="1"> <tr> <td>Type of species involved:</td> <td> </td> </tr> <tr> <td>Animal licence no:</td> <td> </td> </tr> <tr> <td>Validity of Licence: (DD/MM/YYYY)</td> <td>  /   /   -   /   /  </td> </tr> </table> (Please attach a copy of the current animal license of the Visitor)	Type of species involved:		Animal licence no:		Validity of Licence: (DD/MM/YYYY)	/   /   -   /   /	<input type="checkbox"/>				
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Animal licence no:												
Validity of Licence: (DD/MM/YYYY)	/   /   -   /   /											
d.	Use of Chemicals											
	(1) Carcinogenic, mutagenic, or teratogenic chemicals	<input type="checkbox"/>										
	(2) Toxic chemicals (including heavy metals)	<input type="checkbox"/>										
	(3) Toxic compressed gases	<input type="checkbox"/>										
	(4) Acetylcholinesterase inhibitors or neurotoxin	<input type="checkbox"/>										
	(5) Flammable, explosive, or corrosive chemicals	<input type="checkbox"/>										
e.	Ionizing Radiation e.g radioactive materials	<input type="checkbox"/>										

**7. Required Document** (✓ if the document is attached for this application)

- ☐ Official letter issued by HR Department [or Administration Office] of the Collaboration Research Institute. (With the Institute's chop.)
- ☐ Medical Insurance and 3<sup>rd</sup> party liability insurance are provided by the Visitor's research institute to cover the Visitor to conduct experiments in CRMH.

Please complete the 3<sup>rd</sup> page ⇒

**8. Remarks**

- a. The laboratories are not open to the Visitor(s) after office hours unless pre-approved circumstances.
- b. The validity of each approval is 1 calendar month. Renewal of each application is required if the Visitor(s) need to extend their project period in CRMH.
- c. When there is a great demand of the core equipment, usage priority will be given to our CRMH full-time staff.
- d. F&OC may require the Visitor to demonstrate their declared skills and knowledge in the operation of the core equipment and the said lab activities.

**CRMH full-time staff**

☐ I ensure that the Visitor(s) has the related skill set and knowledge to conduct lab activities and/or operate the core equipment of the CRMH as described in the Project Summary.

\_\_\_\_\_  
(Signature of CRMH full-time staff)

Date:

**Visitor(s)**

☐ I declare that I have the related skill set and knowledge to conduct lab activities and/or operate the core equipment of the CRMH as described in the Project Summary.

\_\_\_\_\_  
(Signature of Visitor(s))

Date:

**Principal Investigator (PI)**

☐ I endorse the Visitor(s) to seek approval to conduct lab activities and/or operate the CRMH core equipment as described in the Project Summary.

\_\_\_\_\_  
(Signature of PI)

Date:

**Deputy Director of CRMH**

☐ I approve the Visitor(s) to conduct lab activities and/or operate the core equipment of the CRMH described in the Project Summary.

\_\_\_\_\_  
(Signature of Deputy Director of CRMH)

Date:

**Director of CRMH**

☐ I approve the Visitor(s) to conduct lab activities and/or operate the core equipment of the CRMH described in the Project Summary.

\_\_\_\_\_  
(Signature of Director of CRMH)

Date: