

Duke-NUS Insectary Facility Training Request Form	<i>Prepared by:</i>	Assist.Prof. Julien Pompon
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	<i>Effective from:</i>	01/01/2018

Customer Information:

PI Name		PI Email	
Department & Institute			
Billing Address			
Contact Number		Requestor's Phone:	
Grant No./Title		WBS Account (Duke-NUS)	
Requestor Name		Requestor's Email:	

Training Information:

Training Fee (excluding GST): **SGD 1000.00**

Basic training includes (for all new user of the insectary)

- Insectary safety
- Mosquito handling
- Oral infection
- Dissection
- Preparation of samples

Declaration & Confirmation of Order

I hereby declare that I have occupation health clearance from my employer and the information provided above is correct. I have read and understood the terms and conditions for attending the Histopathology facility training.

Signature of Requestor/ Date

Signature of PI/ Date

Training Information:

Training date (dd/mm/yyyy)/ Time (to be filled up by trainer):

Signature of Requestor/ Date

Histopathology Facility Trainer/ Date

For Internal Reference Only:

Billing Information for Training Fee:

Invoice Number / Date:	Payment Date:	Verified By:

Waiver charges record for Histology system booking up to 2 times (tissue processor and Embedding machine), or up to 10 hours (Cryostat or Microtome),, or first 3 months, whichever limit reaches first):

Date of booking:	No. of hours booked	Booked by: