**Application for Access to Cell Culture Facility (BioCRF)**

**Notes**

1. This form has to be completed biannually.
2. Submit a scanned copy of this form to BioCRF staff for approval via email (Joyce Wong, joycepswong@ust.hk).
3. For the first-time applicant, submit the “MC06 Biological Safety” course completion certificate along with this form.

**Applicant information**

|  |  |
| --- | --- |
| Name (Dr/ Mr/ Mrs/ Ms) |  |
| Position |  |
| Supervisor |  |
| Phone number  | Office:Mobile: |
| Email address |  |
| Office/ Laboratory address |  |

**Research activities description**

|  |  |
| --- | --- |
| Project title | *(e.g., Proteomics study of cisplatin-treated HeLa cells)* |
| Research activities to be performed in the cell culture room(Please describe as detail as possible. Application with unsatisfactory description will be rejected.) | *(e.g., HeLa cells will be cultured in DMEM medium with 10% Fetal Bovine Serum and 1x Penicillin-Streptomycin. The cells will be treated with cisplatin in PBS and harvested using 1% SDS in 50mM TEAB buffer. No transfection experiment will be involved. XXXXXXXXX)* |

**Chemical and biological materials to be used in the cell culture room.** (Please include all the materials and add extra sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Material** | **Intended application** | **Quantity (Concentration)** | **Handling** |
| *e.g., HeLa cells**e.g., DMEM with FBS and PS**e.g., PBS**e.g., Trypsin-EDTA (0.25%)**e.g., cisplatin in PBS**e.g., 1% SDS in 50mM TEAB buffer* | *Cell culture**Cell culture**Cell culture**Cell culture**Drug treatment**Cell lysis* | *In two 10 cm dishes**1 L**250 mL**50 mL**1 mL (1 mg/mL cisplatin)**10 mL* | *Handle in BSC.**Handle in BSC.**Handle in BSC.**Handle in BSC.**Handle in BSC with absorbent pads.**Handle in BSC.* |
|  |  |  |  |

**(Cont’) Chemical and biological materials to be used in the cell culture room.** (Please include all the materials and add extra sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Material** | **Intended application** | **Quantity (Concentration)** | **Handling** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor Name: |  |  | Applicant Name: |  |  |
| Supervisor Signature: |  |  | Applicant Signature: |  |  |
| Date: |  |  | Date: |  |  |