



## RESERVATION FORM FOR INSTRUMENT BOOKING

User Code

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**Title** Permission for use an instruments

**Dear** Head of Pharmaceutical Research Instrument Center

Full-Name: ..... Student Code: .....

Course program: ..... Major: .....

Department: ..... Faculty: .....

Phone number: ..... Email: .....

Research Title: .....

Advisor Name: .....

### List of Instruments:

- |                                                                    |                                                             |                                                          |
|--------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Karl Fisher and Automatic Titrator        | <input type="checkbox"/> High Pressure Homogenizer          | <input type="checkbox"/> Viscometer SV-10                |
| <input type="checkbox"/> Agilent Carry 60 UV-Vis Spectrophotometer | <input type="checkbox"/> Agilent 7890B GC-FID               | <input type="checkbox"/> Homoginizer yellow line         |
| <input type="checkbox"/> Agilent Fluorescence Spectrophotometer    | <input type="checkbox"/> Agilent HPLC 1260 Infinity II      | <input type="checkbox"/> Homoginizer D500                |
| <input type="checkbox"/> Agilent 7000D GC-MS/MS triple Quad        | <input type="checkbox"/> Shimadzu HPLC LC-20A               | <input type="checkbox"/> Electrophoresis                 |
| <input type="checkbox"/> Bactron Anaerobic Chamber                 | <input type="checkbox"/> Agilent UHPLC 1290 Infinity II     | <input type="checkbox"/> Refrigerator centrifuge Hitachi |
| <input type="checkbox"/> Labconco Lyophilizer                      | <input type="checkbox"/> TLC Scanner                        | <input type="checkbox"/> Refrigerator centrifuge Hermle  |
| <input type="checkbox"/> Dura Dry Lyophilizer                      | <input type="checkbox"/> Microplater reader CALIOstar       | <input type="checkbox"/> Ultracentrifuge Beckman         |
| <input type="checkbox"/> Hitachi CP100NX Ultracentrifugation       | <input type="checkbox"/> Malvern Zetasizer Nano             | <input type="checkbox"/> Olympus Ix51 Invert Microscope  |
| <input type="checkbox"/> Encapsulator                              | <input type="checkbox"/> Thermo Ultrapure water type I / II | <input type="checkbox"/> Other.....                      |

In any case, I will strictly follow the rules on using equipment and when I write a report or publish my research, I will thank or acknowledge the **"Pharmaceutical Research Instrument Center, Faculty of Pharmaceutical Sciences, Chulalongkorn University"** in the acknowledgement section.

### Booking Time

- ☐ Official Date Date (dd/mm/yy): .....to Date (dd/mm/yy): .....  
Time: .....to .....
- ☐ After hours Date (dd/mm/yy): .....to Date (dd/mm/yy): .....  
Time: .....to .....

For your consideration and further implementation

Signature.....

Advisor

Date (dd/mm/yy):.....

Signature.....

Student

Date (dd/mm/yy):.....

Official Comment

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Head of Pharmaceutical Research Instrument Center

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Signature.....

Official Staff

Date (dd/mm/yy):.....

Signature.....

Head of Pharmaceutical Research Instrument Center

Date (dd/mm/yy):.....

### Documents for consideration

1. Student ID card copy