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| **ICMS Instrument Reservation Application**  **實驗室儀器預約使用表**   |  |  |  |  | | --- | --- | --- | --- | | **Requester Name** |  | **Supervisor** |  | | **Student ID** |  | **Email** |  | |  |  |  |  | | **Instrument Name** |  | **Model** |  | | **Assign Date** | (年) (月) (日) 至 (年) (月) (日) | | | | **Justification** |  | | |  |  |  | | --- | --- | | ***Requester Signature*** | ***Instrument Assistant Signature*** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Remarks: Please send the request to instrument assistant and lab technician for approval at least one day in advance of using the instrument. E-mail confirmation and/or approval confirmation receipt will be send to the requester.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Approval Confirmation Receipt**  **(For office use)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is(are) approved to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_ days.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lab Technician Signature Date* | **ICMS Instrument Reservation Application**  **實驗室儀器預約使用表**   |  |  |  |  | | --- | --- | --- | --- | | **Requester Name** |  | **Supervisor** |  | | **Student ID** |  | **Email** |  | |  |  |  |  | | **Instrument Name** |  | **Model** |  | | **Assign Date** | (年) (月) (日) 至 (年) (月) (日) | | | | **Justification** |  | | |  |  |  | | --- | --- | | ***Requester Signature*** | ***Instrument Assistant Signature*** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Remarks: Please send the request to instrument assistant and lab technician for approval at least one day in advance of using the instrument. E-mail confirmation and/or approval confirmation receipt will be send to the requester.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Approval Confirmation Receipt**  **(For office use)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is(are) approved to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_ days.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lab Technician Signature Date* |  |