

**Laboratory Clearance Declaration upon Submission of Thesis for Examination**

**(PhD and MSc by Research Students)**

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| **Part 1: TO BE COMPLETED BY STUDENT** |
| Name: | Student No.: |
| Degree: | Date of Thesis Submission to Department: |

**I hereby declare that:**

[ ]  There are no items on or under my bench and desk.

[ ]  I have cleaned or disinfected these surfaces with an appropriate agent.

[ ]  Lab notebooks and all research data have been given to my PI

[ ]  Keys for lab cabinets have been returned to PI (when applicable)

[ ]  Used lab coats have been removed from the lab coat hanger area / lab coat cabinet

[ ]  Supplies, tools, samples, digital data and chemicals unique to my research, located in the following locations, have been either disposed of properly or reassigned as indicated below: *This includes biohazard waste, sharps bin and/or other hazardous wastes such as cytotoxic waste (where applicable).*

|  |  |  |
| --- | --- | --- |
| **Location** | **Disposed of properly (Y/N)** | **Reassigned to (Name) or N/A** |
| My bench |  |  |
| Fume hood |  |  |
| Tissue culture room |  |  |
| Liquid nitrogen storage |  |  |
| Freezers |  |  |
| Refrigerators |  |  |
| Oven |  |  |
| Central Instrument Facilities(S4/S7/MD1) |  |  |
| Research group desktop and/or user folder for desktop PC linked to shared/core instrument |  |  |

**Laboratory Access**

By default, student’s laboratory access will be terminated upon submission of thesis for examination. Please tick the box below to request for extension of laboratory access.

[ ]  Terminate upon submission of final thesis (thesis has been examined)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature & Date**

**Part 2: TO BE COMPLETED BY MAIN SUPERVISOR**

[ ]  I confirm that student has exercised due diligence in clearing/cleaning/disposing items he/she has used for research.

[ ]  I support the student’s request to terminate his/her laboratory access upon submission of final thesis (if applicable).

Remarks (if any):

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**Name of Main Supervisor Signature & Date**