

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

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

|  |  |
| --- | --- |
| **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**