

**Research Project Description Form**

**Section A: Project Details**

**JRL Ref No.** Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Note:* To be filled in by Principal Investigator of the subject grant or authorized person of the requesting department. Please read [*Policy for Use and Access to Juma Research Lab*](https://www.aku.edu/research/facilities/Documents/Policy%20for%20Use%20and%20Access%20to%20Juma%20Research%20Lab.pdf) before submitting this form. For any related queries contact Research Office. | | | | | | |
| 1. | Title of the Project |  | | | | |
| 2. | Name of PI | Click here to enter text. | | | | |
| 3. | Designation | Click here to enter text. | | | | |
| 4. | Department | Click here to enter text. | | | | |
| 5. | Email Address | Click here to enter text. | | | | |
| 6. | Ext./Cell/Pager | Click here to enter text. | | | | |
| 7. | Type of Grant | Choose an item. | | | | |
| 8. | Name of Extramural Funding Agency | Choose an item. | | Please specify, if ‘Other’ | | |
| 9. | Submission Level | Choose an item. | | | | |
| 10. | Budget Code |  | | | | |
| 11. | CON No. |  | | | | |
| 12. | Project Start Date | Click here to enter a date. | Project End Date | | | Click here to enter a date. |
| 13. | Bench Work Start Date | Click here to enter a date. | Bench Work End Date | | | Click here to enter a date. |
| 14. | Extension Date (If applicable) |  | | | | |
| 15, | Name of Research Project Staff |  | | | | |
| 16. | Designation | Choose an item. | | | | |
| 17. | Project Supervisor for PhD Student |  | | | | |
| 18. | Designation of Supervisor | Choose an item. | | | | |
| 19. | Ethical Review Committee | Choose an item. | | | Enter ERC # here, if approved | |
| 20. | Institutional Biosafety Committee | Choose an item. | | | Click here to enter text. | |

**Section B-1: Facility Required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Bio Safety Level | Choose an item. | | |
|  | BSL-3 facility\* | Choose an item. | | |
| 2a. | Source of Biological Specimen | Choose an item. | | |
| 2b. | Type of Specimen | Choose an item. | Total no. of Samples |  |
| 3, | Tissue/Cell Culture |  |  | |
| 4. | Recombinant DNA Techniques |  |  | |
| 5. | Animal Surgery |  |  | |

***\*BSL-3 facility includes rooms for handling = Virus Culture, TB, Bact. & Parasitology, Animal Holding and Animal Surgery room***

**Section B-2: Equipment Required**

|  |  |  |
| --- | --- | --- |
| s.no. | Core Equipment | Specify Yes/No |
| 1 | Thermal Cycler |  |
| 2 | Real Time PCR |  |
| 3 | Centrifuges |  |
| 4 | DNA Electrophoresis |  |
| 5 | Next generation Sequencer (NGS) |  |
| 6 | Bio Safety Cabinet |  |
| 7 | ELISA- reader |  |
| 8 | Media preparation |  |
| 9 | Grant Equipment budgeted on this Project  If Yes, then please fill the row below: |  |
| 9a | Name of equipment |  |
| 9b | Requirement for Space |  |
| 9c | Requirement for Electrical Power |  |
| 9d | Any other |  |

**Section B-3: Specimen and Consumables Space Requirement\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| s.no. | Facilities | Y/N | Item name | Qty. /Sample size |
| 1 | Room Temp |  |  |  |
| 2 | 4C |  |  |  |
| 3 | -20C |  |  |  |
| 4 | -80C |  |  |  |
| 5 | Cryopreservation/Liquid Nitrogen Tank |  |  |  |

***\*NOTE: Please refer to freezer space section in*** [***Policy for Use and Access to Juma Research Lab***](https://www.aku.edu/research/facilities/Documents/Policy%20for%20Use%20and%20Access%20to%20Juma%20Research%20Lab.pdf)

**Undertaking by the End User**

I accept the responsibility for the safe conduct of research and to follow the Standard Operating Procedure (SOP) ensuring Environmental and Health Safety (EHS). I also have read and agree to the [Policy for Use and Access to Juma Research Lab](https://www.aku.edu/research/facilities/Documents/Policy%20for%20Use%20and%20Access%20to%20Juma%20Research%20Lab.pdf).All information provided in this form is correct to the best of my knowledge. If the information provided herein is found inaccurate, Research Lab holds the authority to discontinue my privileges to use the facility.

Name of Bench Space User:

Signature:

Date:

**For JRL Office Use Only**

Name of JRL

Coordinator:

Signature:

Date:

Dr. Erum Khan

Name of IBC Chair:

Signature:

Date:

Dr. Fauziah Rabbani

Name of Head of

JRL Operations:

Signature:

Date: