

To the Chairman of the Department
of Precision Medicine
7-80138 Napoli, via de Crechchio

request for authorization to the frequency of laboratories

Identification data of the applicant:

Last name _____ Name _____ living
in _____ (_____) street _____ n. _____
Phone _____ Cell _____ email _____

Qualification other (Please specify) _____

Rador of reference (Rapporteur, tutor): _____

Laboratory of which you require permission(s) _____

Lab Rador _____

Research topic _____

Material that you plan to use _____

Lab access requirements:

The applicant claims to be:

- not sufficiently trained in the autonomous use of equipment
- sufficiently trained in the independent use of equipment in laboratories
- assisted by tutors _____

Acceptance:

The applicant declares:

- to know the rules of access to the building, and those laid down in the regulation of access to and use of the laboratories of the Department;
- to have seen the lab (s) to be used;
- to need to use the lab from _____ to _____

Signature of the applicant

The Lab Rador

The Chairman of the Department
