



Good Laboratory Practice form applied for Non-clinical studies

استمارة الممارسات المعملية الجيدة للأبحاث الغير أكلينيكية

Name of the researcher		
Research title		
Research location		
Aim and objectives of the study		
Chemicals and Kits required:		
<ul style="list-style-type: none">••••••	<ul style="list-style-type: none">••••••	
Researcher possesses all MSDS's of the required chemicals?		
	<input type="checkbox"/> yes	<input type="checkbox"/> No
The personal protection equipment's (lab coat, gloves, goggles, ...) needed are available?		
	<input type="checkbox"/> yes	<input type="checkbox"/> No
Control Measures:		
The fume cupboard or local exhaust ventilation system is available and functioning in the lab?		
	<input type="checkbox"/> yes	<input type="checkbox"/> No
Flammables and explosives:		
Is there a substances used or formed that might give rise to a fire or explosion hazard?		
	<input type="checkbox"/> yes	<input type="checkbox"/> No



Waste Disposal: The appropriate and safe chemicals disposal procedures of all reagents, byproducts and solvents would be documented.			
		<input type="checkbox"/> yes	<input type="checkbox"/> No
All disposals and glassware handling and cleaning would be documented.			
		<input type="checkbox"/> yes	<input type="checkbox"/> No
Out of hours working permitted (if authorized) by Supervisor.			
Health surveillance required: Do you have any relevant medical history?			
		<input type="checkbox"/> yes	<input type="checkbox"/> No
Who would you like us to contact as your emergency contact person?			
Contact	Name	Phone number	Alternate phone number
Emergency contact			
Backup Emergency contact			
Are you fully aware of all health impacts of the used chemicals?			
		<input type="checkbox"/> yes	<input type="checkbox"/> No

Name of the researcher:

Signature:

Phone:

e-mail: