**Application form for the research laboratory**

1. **General information**

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| Name of the research laboratory |  | |
| Employment unit (MPK, Address, Phone) |  | |
| Chief Specialist in Charge of Team |  | |
| Infrastructure Supervisor | Name |  |
| Phone no. |  |
| Email address of the contact person |  |

1. **Technical potential - laboratories**
2. Research apparatus that will operate as part of the research laboratory and the research techniques used (laboratory equipment and apparatus) including: year of manufacture, source of purchase financing, source of maintenance, technical parameters

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2. Description of research

E.g. performing diagnostic tests, R&D work, manufacturing drugs, conducting clinical trials, other - what?

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3. Cleanliness class(es) of testing laboratories owned (if applicable)

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1. **Human resources**

1. Please provide a list of research, research and teaching and support staff (engineering, scientific and technical) who are certified (certificates, courses) to operate research facilities and perform laboratory tests:

1. ……………………………….
2. ……………………………….
3. ……………………………….
4. **Other information**
5. Are/were there any outsourced services performed by the unit in the last 5 years?

YES/NO

(if YES, please specify)

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1. Are/were there any services performed by the unit commissioned by internal units of the MUG in the last 5 years? YES/NO

(if YES, please specify)

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1. List of selected publications from the unit's output, based on the research results obtained with the use of its research equipment

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**If you have any questions, please feel free to contact us:**

**Office of the "Excellence Initiative - Research University" Program  
E-mail: idub@gumed.edu.pl**

**Phone: (58) 349 18 61**

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Signature and stamp of the Head of Unit