



**The Hong Kong University of Science and Technology**  
**Bioengineering Laboratory**  
**Freeze Dryer Registration Form**

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To become a registered freeze dryer user, you must go through the equipment training given by BELAB technician and submit this registration form for evaluating the composition of the samples to prevent damaging the equipment.

**Sample Composition** (Please submit one form for one sample type)

Please list out the composition of the sample (including solvent/water):

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Please cross out the not applicable option.

Chemical Name	Presence during the preparation of the sample	Residual amount remaining in the sample
Acetic Acid	Yes / No	Yes / No
Formic Acid	Yes / No	Yes / No
Trifluoroacetic Acid (TFA)	Yes / No	Yes / No
Calcium Chloride	Yes / No	Yes / No
Sodium Phosphate	Yes / No	Yes / No
Acetone	Yes / No	Yes / No
Acetonitrile	Yes / No	Yes / No
Carbon Tetrochloride	Yes / No	Yes / No
Cyclohexane	Yes / No	Yes / No
Dioxane	Yes / No	Yes / No
Methyl t-Butyl Ether (BTBE)	Yes / No	Yes / No
Pyridine	Yes / No	Yes / No
Organic Solvent (please specify)	Yes / No	Yes / No

**Applicant**

I will strictly follow the instruction given by BELAB technician and submit another form whenever new samples will be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor**

I will be responsible for the maintenance/replacement cost of the equipment if my student/staff caused damage to the equipment due to improper operation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>	
<b>Approval :</b> Yes / No	<b>Training Date:</b>
<b>Comment:</b> _____	