



PATHOGEN-HOST-ENVIRONMENT INTERACTIONS RESEARCH LABORATORY

Natural Sciences Research Institute, University of the Philippines Diliman
Diliman, Quezon City 1101



EQUIPMENT AND ROOM USE PERMIT

Name: _____
Class/ Laboratory/Office: _____
School: _____
Project title: _____
Time and date needed: _____
Equipment and/or rooms to be used: _____

Signature over printed name of adviser

___ Approved
___ Disapproved

WINDELL L. RIVERA, PhD
PHEIRL Laboratory Head

**Copy of requesting party*



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