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BIOREAGENT CORE USER REGISTRATION FORM

DELEGATED USER INFORMATION (*mandatory)

		•	
Preferred User login name: 1	L 2	3	
Last Name:	*First Name:	*Nickname:	
Contact Email:		*HKU Portal Name:	
Staff/Student No.:	*Mobile No.:	*Lab Tel:	
School/Department/Center/	Institute:	*Title/Post:	
Delivery Address:			
Allow to show mobile no. on	invoice for contact? Yes N	No 🗌	
	SUPERVISOR INFORI	MATION	
First Name:	*Last Name:	Position:	
School/Department/Center/	Institute:		
HKU Email:		*Tel:	
	d to supervisor: Yes No Se sent to PI if other registered users from the sent to PI if other registered users from	the same group have requested to send)	
Billing Address:			
Contact Tel:			
	SIGNATURES	5	
	confirm that all the informati ndors can issue invoice base o		
Signature of applicant:		Date:	
Signature of supervisor:		Date:	