

Laboratory Instrument Borrowing Agreement

Borrower Information

Name

Department / Affiliation

Contact Number

Email

Instrument Details

Instrument Name

Instrument ID / Serial No.

Condition

Borrowing Period

Date Borrowed

Date to be Returned

I, the undersigned, agree to take full responsibility for the borrowed instrument listed above. I will ensure proper use, handling, and timely return of the instrument in its original condition. I shall report any damage, loss, or malfunction immediately. I understand that failure to return or loss of the instrument may result in applicable penalties and/or replacement costs.

Borrower Signature

Lab In-charge / Supervisor Signature

Date
Date