HKU Li Ka Shing Faculty of Medicine Biobank

FaceID Registration for Hing Wai Centre Access

	Principal Investigator	User
Full Name		
Department		
Position		
Email		
Phone		
Staff ID		
Signature	*	
Date		

*By signing, I authorize the above user to **access freezer(s)** registered under my name at the Faculty Biobank and have the **registration fee** be charged to my HKU internal account. I also agree to notify the Biobank when the above user is no longer working for me.

Remarks:

Access control is essential to Biobank operation for biological safety and sample security. The purpose of collecting personal and biometric data is restricted for site access control only. These data will be stored in designated computers and will not be transferred to third party. Only staff involved in the biobank operation will have access to such data. User or P.I. have rights to access, amend and request deletion of the data. Please write to biobank.cpos@hku.hk.