

## Request form for Bioinformatics Core Laboratory Services

**Save form on computer; open with Adobe Acrobat; complete; press the SUBMIT button.**

If SUBMIT button does not work, please save and email to [mcubbage@bcm.edu](mailto:mcubbage@bcm.edu) and [Pavel.Sumazin@bcm.edu](mailto:Pavel.Sumazin@bcm.edu)

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Billing (Admin) Contact (name and email): \_\_\_\_\_

Funding Source: \_\_\_\_\_

BCM Purchase Order No.

TCH Cost Center/Restricted No.

Other Institution Purchase Order No.

### BRIEF DESCRIPTION OF OBJECTIVE AND THE NEED FOR BIOINFORMATICS CORE LABORATORY SERVICES

You should receive a reply within the next 48 hours.

Date Submitted: \_\_\_\_\_

Date Received: \_\_\_\_\_

Internal use only:

Quote Number Issued: \_\_\_\_\_

Date Quote Issued: \_\_\_\_\_