

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 haghgoo@bcm.edu and 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: _____