

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

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

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

Phone : \_\_\_\_\_

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

Address of the Lab/Society

Principal Investigator: \_\_\_\_\_

Name of the Lab. : \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Administrative contact for payment

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

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

Facility/Platform:

CRISTAL prod. and Characterization

BIOINFORMATICS

MONOCLONAL Ab.

MOLECULAR Elec. Micros.

DNA/RNA Sequencing

POLYCLONAL Ab.

PROTEIN prod.

HD Screening

BACULOVIRUS

X RAY

INGESTEM

MOLECULAR Biol.

RMN

ELECTRONIC Microscopy

CELL Culture

PHOTONIC Microscopy

CYTOMETRY

PROTEOMICS

PEPTIDE Synthesis

Reserved to IGBMC

Authorization until:

Signature of the Director:

Signature (as appropriate)

Person Making Request :

Principal Investigator/Director: