



# Flow Cytometry Core Client Form

(This form is filed for billing purposes)

**Bring form to core lab EACH SCHEDULED TIME OF SERVICE**

\* \* \* \* \*

Date of Service:

Service:  Sort  FACS  Training/Consult  Supplies

Full Name:

Contact Phone:

E-mail Address:

Principle Investigator:

Institution and Department (Division):

Business Manager:

Phone Number (Office):

Business Manager E-Mail Address:

Business Manager Mail Location (address):

Account Number or Grant Number for Billing:

IBC Protocol Number:

IBC Approval Date:

\* \* \* \* \*

**Administrative Use Only**

Scheduled Time of Service:

Charges: Sort – FACS – Training – Supplies –

**Total Charges:**