**REQUEST OF SERVICES TO THE CYTOMICS UNIT**

*Research groups / IIS La Fe Researchers*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **Nº APPLICATION:** | |  | |
| **APPLICANT DETAILS** | | | | | | | | |
| Date of Request: | |  | | | | | | |
| Applicant name : | |  | | | | | | |
| Research Group/Service:: | |  | | | | | | |
| PI Name\* *(if it is different from the Applicant*): | |  | | | | | | |
| Phone: |  | Mobile: | |  | | E-mail: | |  |
| **FORMA DE PAGO** | | | | | | | | |
| User assigned to the IIS La Fe\* | | | ☐ Charge to the project reference:  ☐ Charge to the clinical assay: | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET** | | | | |
| **CODE** | **DESCRIPTION** | **Price**  (IIS La Fe) | **Unitary Price** | **Total Price** |
|  |  |  |  | € |
|  |  |  |  | € |
|  |  |  |  | € |
| **TOTAL BUDGET *(IVA not included)*** | | | | **€** |

|  |  |  |
| --- | --- | --- |
| I request the service indicated here. I accept the budget and I assume the commitment to pay it through the Foundation for Research of the Hospital La Fe, which will act as the managing entity of this application. | | |
| **Acceptance by the Applicant** | **V.B. Economic Management IIS La Fe** | **Acceptance by the Cytometry Unit** |
| **Name:**  **Date:** | **Name:**  **Date:** | **Name:**  **Date:** |