**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:**  |