**REQUEST SERVICES TO THE CITOMICS UNIT**

***For OPIs and other entities***

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|  | **REQUEST NUMBER:** |       |
| **APPLICANT DETAILS** |
| Date of Request:  |       |
| Applicant name |       |
| Unit/Service:  |       |
| Center/Hospital:  |       |
| Phone:  |       | Mobile:      | E-mail:       |
| **BILLING DATA** |
| CIF:  |       | Fiscal Name:  |       |
| Address:  |       |
| Province: |       | City:       | Postal Code:       |
| Administration Dept. Contact::  |       |
| Phone Number:  |       | Email:  |       |
| **REQUESTED ASSAY** |
| **CODE** | **DESCRIPTION** | **PRICE** |
|       |       |       € |
|       |       |       € |
| **TOTAL BUDGET(IVA not included)** |       € |

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| 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 request. |
| **Acceptance of the applicant** | **V. B. Economic Management IIS la Fe** | **Acceptance of the Cytometry Unit** |
| **Name:**      **Date:**       | **Name:**      **Date:**       | **Name:**      **Date:**       |