**REQUEST SERVICES TO THE CITOMICS UNIT**

***For OPIs and other entities***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **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)** | | | | | | | | | | | | € |

|  |  |  |
| --- | --- | --- |
| 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:** |