

NEXT GENERATION SEQUENCING CORE FACILITY

REQUEST FORM TO USE THE COVARIS M220 INSTRUMENT

Contact information

Name, FirstName :

Email :

Phone :

Laboratory :

Team :

Name, Firstname of the PI (if different from the contact person) :

If the paying agency is different from the laboratory, please provide details :

Instrument Covaris M220

Has the user ever been trained to use the device?

Yes

No

Number of samples :

Number of requested tubes :

Requested date of use :

Contact person

Name :

Date :

Signature :