

EPITRANSCRIPTOMICS AND SEQUENCING CORE FACILITY

REQUEST FORM FOR TAPESTATION 4150 INSTRUMENT

Contact information

Name, Firstname :

Email :

Phone :

Address :

CP :

City:

Laboratory :

Name, Firstname of PI :

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

TapeStation 4150 Instrument

Does the user follow an initial training to be able to use the instrument autonomously ? Yes No

Training date :

Number of samples :

Number of Screentape(s) :

Screentape type : HS RNA HS DNA

Date of booking :

The PI

Name :

Date :

Signature :

The User

Name :

Date :

Signature :