**REQUEST FOR SERVICES FORM BSOM Histology Core**

**Department of Anatomy & Cell Biology**

**Brody School of Medicine**

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| **CUSTOMER INFORMATION** |
| REquest number: |  |
| DATE OF REQUEST: |  |
| DATE OF COMPLETION: |  |
| PI NAME: |  |
| DEPARTMENT: |  |
| CONTACT ADDRESS: |  |
| CONTACT PHONE: |  |
| Administrative Contact: |  |
| **BILLING INFORMATION** |
| INTERNAL TO THE UNIVERSITY |  |
| FOAP TO BE CHARGED: |  |
| TYPE OF FUNDING: |  |
| FEDERAL GRANT OR CONTRACT: | YES NO |
| EXTERNAL TO THE UNIVERSITY |  |
| METHOD OF PAYMENT: |  |
| FEDERAL GRANT OR CONTRACT: | YES NO |
| **SERVICES REQUESTED** |
| DESCRIPTION OF SERVICES REQUESTED: **Please attach list of samples** |
| REQUESTED DATE OF COMPLETION OF SERVICES: |
| QTY | DESCRIPTION | RATE ($$) | TOTAL ($$) |
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Rates charged will be based upon a published schedule of billing rates.

Payment will be due upon completion of services provided.

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Signature of person requesting services Date