

LTTA – BIOBANK SERVICE

REQUEST FORM FOR BIOLOGICAL MATERIAL

APPLICANT (PRINCIPAL INVESTIGATOR)	NAME: SURNAME: AFFILIATION (INSTITUTE/COMPANY) ADDRESS: E-MAIL: PHONE.: FAX:
PROJECT	TITLE: RESEARCH AREA: DESCRIPTION (MAX 500 WORDS; DESCRIBE YOUR PURPOSES WITH SPECIFIC REFERENCE TO THE USE OF REQUESTED MATERIAL)
REQUESTED MATERIAL	(CELL TYPE)
NUMBER OF SAMPLES REQUIRED	
SHIPMENT CONDITION	(YOU SHOULD SPECIFY IF YOU PREFER FROZEN VIALS OR CULTURED FLASKS)
SHIPMENT INFORMATION	NAME: SURNAME: ADDRESS: E-MAIL: PHONE.: FAX:

APPLICANT SIGNATURE: _____

DATE: _____