

**CSC GENOMICS LAB  
BIOANALYSER ASSAY RUN REQUEST (BARR) FORM**



**Please send the completed BARR form and purchase order forms (non CSC users only) to the Genomics Lab so that your booking can be confirmed.**

Group Head    BARR Form No

	FOR QUERIES RELATING TO RESEARCH	FOR INVOICING (IF DIFFERENT)
User/Name of contact	<input type="text"/>	<input type="text"/>
Address/Department/Group	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>

Purchase order number (IC and external users)

Grant code to be charged (CSC users only).

**BOOKINGS WILL NOT BE CONFIRMED WITHOUT EITHER A PURCHASE ORDER NUMBER OR GRANT CODE**

	NUMBER OF ASSAY RUNS	DATE OF ASSAY RUN(S)	TYPE OF ASSAY RUN(S)	COST OF ASSAY RUN PER CHIP	TOTAL COST
eg.	2	02-Nov-09	RNA nano	£25	£50
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VAT:

Total:

**VAT DECLARATION**  
(applies only if signed by the buyer)

I, the buyer of the goods/services set out in this order, have read and understood the rules on zero-rating of supplies for medical research purposes. I declare that the goods/services will be used wholly or mainly for medical research, training diagnosis or treatment. Accordingly, I request the supplier to zero-rate the supply

Signed: ..... Name (in capitals): .....

	Group Head/User	Genomics Lab
Signed	<input type="text"/>	<input type="text"/>
Name (in block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

