

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



Please send the completed BARR form and purchase order forms (non LMS 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 (LMS 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-15 | DNA HS | £40 | £80 |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

VAT:

Total:

| | 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"/> |