

Account Billing Form JHU FLOW CYTOMETRY CORE / SOM

Please complete Section I and II only and bring it to the flow lab located in the Ross Building, room S1071A. Concerns regarding this form, please contact Lee or Ada at 410-955-7852.

Section I: Billing Information

Laboratory Name: _____

Full Name of Lab Director: _____

Telephone Number of Lab Director: _____

Full Name of Principle Investigator (if different from above): _____

Telephone Number of Principle Investigator: _____

Department: _____

Laboratory Building and Room Number: _____

Laboratory Telephone Number: _____

Full Name of Budget Administrator: _____

Telephone Number of Budget Administrator: _____

Budget Number: _____

Expiration Date: _____

Section II: User/Researcher Information

User Name: _____

User Contact Number: _____ Cell Phone: _____ Pager: _____

Section III: Training Date/ 1st Sorting Date

User Name: _____ Date: _____

User Name: _____ Date: _____

User Name: _____ Date: _____

User Name: _____ Date: _____

User Name: _____ Date: _____