



College of Veterinary Medicine & Biomedical Sciences

**Department of Environmental & Radiological Health Sciences**

**MRB - Flow Cytometry Laboratory**

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**Request for Flow Cytometry Services - External Charge Account**  
210760 - 0600

Customer Name: \_\_\_\_\_

Company: \_\_\_\_\_

Cust. ID: \_\_\_\_\_

Address: \_\_\_\_\_

Pac. #: \_\_\_\_\_

City: \_\_\_\_\_

State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

eMail: \_\_\_\_\_

**Authorized Individuals**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_

eMail: \_\_\_\_\_