

UK HEALTHCARE ENTERPRISE LABORATORIES GENOMICS CORE LABORATORY ACCOUNT REQUEST FORM

Please fill out the information requested below and email it to genomics@uky.edu or fax to 859-257-7696.

Date of Request:	Click here to enter a date you want to initiate this account.
Requestor/s Name: on behalf of PI	List of Researchers/ Post Docs/ collaborators who may request service
Principal Investigator's Name:	In most cases PI is the payor for services
Principal Investigator's Email:	Click here to enter text.
Is PI Markey Cancer Center Member?	Click here to enter.
Your Division/ Facility's Name:	Click here to enter text.
Facility Address:	Click here to enter text.
Billing Contact Name:	Click here to enter text.
Telephone Number:	Click here to enter text.
Email:	Click here to enter text.
Billing Address:	Click here to enter text.
WBS Element & G/L Number: and the General Ledger Number.	<i>If you are a UKY Client, enter your WBS element (Grant) or Cost Center</i>
Project Name on the Grant:	You may define the way you wish.
Type of Funding Source:	Click here to choose
Grant's Expiration	Click here to enter date.
Payment Method:	Click here to choose
Short Description of Service Required:	Click here to enter text.

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Institutional Account Number: on behalf of PI	List of Researchers/ Post Docs/ collaborators who may request service
Discount Code:	Choose an item.