LASER CAPTURE MICRODISSECTION (LCM) SERVICE

REQUEST:

DETAILS OF THE APPLICANT:

Name	
Center/Institution	
Address	
Telephone	
E-mail	
Payment authorization	
Signature	

INVOICING DATA:

Name	
Address	
Contact person	
Phone	
NIF/CIF	

INVOICING DATA FOR RESEARCH PROJECTS:

Title	
Head of the project	
Project code	

TO BE COMPLETED BY THE ICCC:

Concept	**Quantity**	**Import (€)**
Microdissection Hours		
Disposable material		
- Adhesive caps		
- Slides with PEN membrane		
- Treated slides for RNA samples		

Barcelona, 20__

Signature of the applicant Director's authorization Head of the Service

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SAMPLE DATA:

Tissue to be processed	
Cell type	
Required Area per sample (mm^2)	
Following analysis (RNA; DNA, Proteins,…)	