

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



Please send the completed BARR form and purchase order forms (non CSC 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

Address/Department/Group

Telephone number

Purchase order number (IC and external users)

Grant code to be charged (CSC 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-09	RNA nano	£25	£50

VAT:

Total:

VAT DECLARATION
(applies only if signed by the buyer)
I, the buyer of the goods/services set out in this order, have read and understood the rules on zero-rating of supplies for medical research purposes. I declare that the goods/services will be used wholly or mainly for medical research, training diagnosis or treatment. Accordingly, I request the supplier to zero-rate the supply
Signed: Name (in capitals):

Group Head/User

Genomics Lab

Signed

Name (in block capitals)

Date

