

**CSC GENOMICS LAB**  
**SCANNING AND HYBRIDISATION FORM (SHF)**



Please bring the completed SHF form and purchase order form (non-CSC users only) to the Genomics Lab with your samples and your arrays.

Group Head    SHFG No

	FOR QUERIES RELATING TO RESEARCH	FOR INVOICING (IF DIFFERENT)
User/Name of contact	<input type="text"/>	<input type="text"/>
Address/Department/Group	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Purchase order number (IC and external users)		<input type="text"/>
Grant code to be charged (CSC users only).		<input type="text"/>

**WORK WILL NOT BE CONFIRMED WITHOUT EITHER A PURCHASE ORDER NUMBER OR GRANT CODE**

	NUMBER OF ARRAYS	ARRAY TYPE	AFFILIATION	COST OF HYBRIDISATION AND SCANNING PER ARRAY, £	TOTAL COST, £
eg.	6	Human Gene ST arrays	IMPERIAL	£150	£900

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	<input type="text"/>	<input type="text"/>
Name (in block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

