Flores Lab Reagent Request

Please complete this form to initiate a reagent request from the Flores Lab. All fields marked with an (\*) are required.

When complete, please email form to: payal.raulji@moffitt.org

Principal Investigator:

PI First Name\*:

PI Last Name\*:

Phone\*:

Email address\*:

Howard Hughes Medical Investigator\*: \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

Sub-Investigator (if applicable):

Name:

Title:

Email:

Institution Information:

Institution Name\*:

Department /Division/Unit:

Address\*:

Address:

City\*:

State/Region\*:

Zip/postal code\*:

Country\*:

Type of Institution\*:

(i.e. educational, government, research non-profit, commercial)

Shipping Address:

Institution Name\*:

Department /Division/Unit:

Address\*:

Address:

City\*:

State/Region\*:

Zip/postal code\*:

Country\*:

Courier Service:

Name\*:

Account Number\*:

Materials Requested\*:

Description of Proposed Research\*:

Animal Shipping Coordinator or Veterinarian:

(\*Required for mouse strain requests)

Veterinarian:

E-Mail Addresses:

Shipping Contacts:

Phone: Fax: