GRADUATE MEDICAL SCHOOL SINGAPORE

Duke-NUS Flow Cy	tometry Facility	Prepared by:		
Training Request Form (Fortessa		Email:		facs@duke- nus.edu.sg
Analyzer only)		Tel: Effective from:		66016287
PI Name		PI Email		
Department & Institute		1		
Billing Address				
Contact Number		Requestor's Phone:		
Grant No./Title		WBS Account (Duke-NUS)		
Requestor Name		Requestor's Email:		
Training Information:				
*Training Fee (<i>excluding GST</i>): SGD 20	00.00			
Declaration & Confirmation of Order I hereby declare that I have occupation and understood the terms and conditior			ion provided a	bove is correct. I have read
Signature of Requestor/ Date		Signature of PI/ Date		
Training Information:				
Training date (dd/mm/yyyy)/ Time (to b	e filled up by trainer):			
Signature of Requestor/ Date			Flow Cytome	try Facility Trainer/ Date
For Internal Reference Only:				
Billing Information for Training Fee:				
Invoice Number / Date:	Payment Date:	Ň	/erified By:	
Waiver charges record for Histology sys				
limit is reached first, will be waived after Date of booking:	stem booking of <i>up to 10 hours, or to</i> <i>r the training.</i> No, of hours booked	otal hours booked	-	months of usage, whichever

Date of booking:	No. of hours booked	Booked by: