## Duke-NUS Flow Cytometry Facility
### Training Request Form (Fortessa Analyzer only)

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**Effective from:** 21/11/2018

### Customer Information:
- **PI Name**
- **PI Email**
- **Department & Institute**
- **Billing Address**
- **Contact Number**
- **Requestor’s Phone:**
- **Grant No./Title**
- **WBS Account (Duke-NUS)**
- **Requestor’s Name**
- **Requestor’s Email:**

### Training Information:

- **Training Fee (excluding GST): SGD 200.00**
- *Flow Cytometry facility analyser booking charges of up to 10 hours, or total hours booked in the first 3 months of usage, whichever limit is reached first, will be waived after the training.*

### Declaration & Confirmation of Order

I hereby declare that I have occupation health clearance from my employer and the information provided above is correct. I have read and understood the terms and conditions for attending the Flow Cytometry facility training.

_________________________  __________________________
Signature of Requestor/ Date            Signature of PI/ Date

### For Internal Reference Only:

**Billing Information for Training Fee:**
- **Invoice Number / Date:**
- **Payment Date:**
- **Verified By:**

**Waiver charges record for Histology system booking of up to 10 hours, or total hours booked in the first 3 months of usage, whichever limit is reached first, will be waived after the training.**

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