Request for instrument purchase for Theme Cancer

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| 1. Make and model:
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| 1. Brief description of the instrument:
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| 1. Estimated number of groups and users (indicate research groups if applicable):
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| 1. Can groups co-finance the purchase? If so, please list names of groups:
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| 1. Total cost:
 |
| 1. Service cost:
 |
| 1. Financing plan (who will purchase the equipment and what are the plans to cover a potential service contract):
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| 1. Is there a frame agreement for the instrument and/or is procurement process needed?
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| 1. To be placed in room number:
 |
| 1. Special needs in room (electricity, water, gas etc.):
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Date Signature Name

⃞ Approved by head of the Dpt.

Date Signature Name