Request for instrument purchase for Theme Cancer

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| 1. Make and model: |
| 1. Brief description of the instrument: |
| 1. Estimated number of groups and users (indicate research groups if applicable): |
| 1. Can groups co-finance the purchase? If so, please list names of groups: |
| 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): |
| 1. Is there a frame agreement for the instrument and/or is procurement process needed? |
| 1. To be placed in room number: |
| 1. Special needs in room (electricity, water, gas etc.): |

Date Signature Name

⃞ Approved by head of the Dpt.

Date Signature Name