

## USER FORM

<b>CONTACT INFORMATIONS</b>	
<b>Name</b>	<b>Department/Section</b>
<b>Phone</b>	<b>Email</b>
<b>Invoice Address (KI ONLY)</b> Karolinska Institutet Fakturor <b>Reference code:</b>	<b>Invoice Address (non-KI cutomers)</b>
<b>KI Account Project Number:</b>	

## INDICATE THE DESIRED SERVICE

<b>SERVICES</b>	<b>Number</b> (if known otherwise just put an x)	<b>Cartridge needed</b> (yes/no)
Seahorse XF96 self-run		
Seahorse XF24 self-run		
Seahorse XF96 service		
Seahorse XF24 service		
Cell Count (only pictures provided)		
Cell Culture		
Introduction		
Other Services(planning, data analysis)	List here	
Others (media, kits, chemicals)	List here	

<b>Brief Abstract:</b>
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<b>ADDITIONAL INFORMATIONS:</b>
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- I fully agree with the terms and conditions indicated in the attachment 1 “regulations”. The core facility cannot take any responsibilities for damaged or lost samples or data. It is responsibility of the customers to pick up remaining samples after the run, which will otherwise be disposed.

**I fully understand all the conditions and rules applied to the specific project and confirm my agreement by signing below.**

<b>Date</b>	<b>Signature</b>	<b>Signature in Block Letters</b>
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