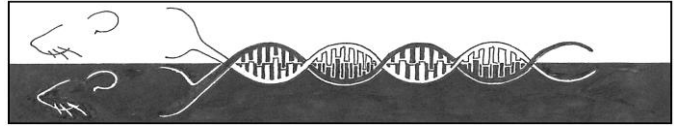


Transgenic and Stem Cells Service Unit



TRAINING REQUEST

Date _____

Principal Investigator's Name _____

Name of Person(s) Receiving Training _____

Department _____

Institution _____

Lab Contact _____ Lab Contact E-Mail _____

Lab Contact Telephone _____

Billing Contact _____ Billing Contact E-Mail _____

Billing Telephone _____ Billing Fax _____

Billing Address _____

Type of Training: _____

PO (or account # for UTHealth) for project: _____

Principal Investigator's signature _____ Date _____

Dr. Zsigmond's signature _____ Date _____

INSTRUCTIONS

Fill form out and fax or mail it to:

University of Texas Health Science Center- Houston
The Brown Foundation Institute of Molecular Medicine,
Transgenic and Stem Cells Service Unit

c/o Aleksey Domozhirov

1825 Pressler Street, Suite 611, Houston, TX 77030

Telephone: (713) 500-2452 **Fax:** (713) 500-2208 **E-Mail:** transgenic@uth.tmc.edu