

## RECEPTION AND INVOICING INFORMATION

Please fill this form with your sample reception information and invoicing data. Once filled, send it to [gcatbiobank@iqtp.cat](mailto:gcatbiobank@iqtp.cat) and we will proceed sending the samples and data.

### **SAMPLE RECEPTION**

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Sample receiver name:

Center or institution:

Department:

Address:

Telephone number:

Email address:

Sample reception time:

Sample reception deadline (if any):

### **DATA FOR INVOICING**

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Investigator applicant name:

Center or institution applicant:

NIF/VAT:

Invoicing address:

Financial department contact name:

Telephone number:

Email address: