

RECEPTION AND INVOICING INFORMATION

Please fill this form with your sample reception information and invoicing data. Once filled, send it to gcatbiobank@imppc.org and we will proceed sending the samples and data.

SAMPLE RECEPTION

Sample receiver name:

Center or institution:

Department:

Address:

Telephone number:

Email address:

Sample reception time:

Sample reception deadline (if any):

DATA FOR INVOICING

Investigator applicant name:

Center or institution applicant:

NIF/VAT:

Invoicing address:

Financial department contact name:

Telephone number:

Email address: