



**Financial Data Form
LIGAND ASSAY & ANALYSIS CORE LABORATORY**

RSB Approved Center (circle one): YES NO Tax ID Number _____

Primary Investigator: _____
Print Signature

Name of Institution: _____

RSB Approved Grant Number: _____

Person requesting Service (if different from above): _____

Ship To Address:
Primary Investigator: _____
Street Address: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Phone: _____
Fax: _____

Bill To Address:
Fiscal Contact: _____
Street Address: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Phone: _____
Fax: _____

TERMS OF BUSINESS:

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To signify that you understand and agree to our terms of business, please sign below:

If you have any questions regarding our terms of business, please contact the Administrator for the Center for Research in Reproduction, David Sun.

Phone: (434) 924-1807 FAX: (434) 982-0701 Email: zs5d@virginia.edu

All correspondence can be sent to: CRR, P.O. Box 800391, Charlottesville, VA 22908-0391