HHMI / Keck Biotechnology Resource Laboratory
Non-Yale Biostatistics Resource Submission Form

Order Date: MM DD YY

Your Name: _____ Last Name _____ First Name _____ MI

PI Name: _____ Last Name _____ First Name _____ MI

Department: _____ **Institution:** _____

Telephone: ( ) - _____ **Fax:** ( ) - _____ **E-mail:** _____

PI E-mail: _____

Billing Address: *(Required)* _____ Street Address _____ City, State _____ Zip Code

Shipping Address: _____ Street Address _____ City, State _____ Zip Code

Required Charging Instructions (Check one): ☐ **P.O. Number-Amount:** $ ☐ **HHMI** ☐ **Credit Card**

Enter a Purchase Order Number above and indicate whether the charging instructions refer to a P.O. Number, or an HHMI P.O. Number.
Indicate P.O. Amount, if applicable. If paying with a credit card, please complete the form at:
http://medicine.yale.edu/keck/about/admin/invoicing.aspx

Description of Analysis

Analysis Type	Data Type	Detail Information (file names, experiment design, objective, etc.)