

RESEARCH CORE FACILITIES

EXTERNAL CUSTOMER IN-TAKE FORM



Customer Information

Name (Last Name, First Name or Legal name of entity)

Address (Street, City, State, Country, Zip)

Customer Contact

First Name

Last Name

Title

Phone

Email Address

Billing Info

First Name

Last Name

Title

Department

Address

City

State

Zip

Email Address

Phone

Responsible individual for securing purchase orders:

Email Address

Phone

Same as billing address? Yes

No

Core(s) to be used:

Additional Information:

How did you become aware of the UMMS Research Core?

Is the work the Core will be performing part of a company-sponsored Research Agreement with UMMS?

Yes No

Do you or does the company have current or past research collaborations with any faculty, staff or students at UMMS? If yes, please describe?

Yes No

Will the work you intend to do involve:

Proprietary data or sensitive information (e.g. PII)?	Yes	No	TBD
Human Subjects?	Yes	No	TBD
Live Animals?	Yes	No	TBD
Shipment or hand-delivery of materials/specimens to UMMS?	Yes	No	TBD
Biohazardous materials?	Yes	No	TBD
Export controlled items?	Yes	No	TBD

Email form to RCA@umassmed.edu