



University of
Massachusetts
Medical School

**OFFICE OF RESEARCH/RESEARCH CORE
ADMINISTRATION**
CAPITAL EQUIPMENT REQUEST FORM

Name

Core Facility

Desired Instrument

Dollar Amount Requested

Quantity Requested

Trade-in Potential? Yes No

Service Contract Needed? Yes No
If yes:

Cost of Service Contract

Start Date needed for contract

Internal Customers that will use this instrument:

Potential internal revenue generated from this instrument:

External Customers who will use this instrument:

Potential external revenue generated from this instrument:

Justification for need:

Please email this form to RCA@umassmed.edu

