

Construct Design Request Form

University of Maryland, Baltimore School of Medicine Transgenic Core Laboratory Howard Hall 581 410-706-0453



Reque	31 Date			PI Name		-	
Please indica	te address where inv	pices should be s	ent:	Affiliation			
Invoice cor	ntact person					_	
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City, State	, Zip			City, State	e, Zip		
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Return this completed form to: **Transgenic Core Facility, Howard Hall Room 581** (FAX 410-706-0459) **This form and all requested information and supporting data must be received prior to project initiation**