

**NIGERIAN INSTITUTE OF MEDICAL RESEARCH**

**CENTRAL RESEARCH LABORATORY**

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Customer Care Line: +234 803 381 0466 E-mail: centralresearchlab@nimr.gov.ng Website**: www.nimr.gov.ng**

Receipt number …………………… Date ……………………………… CRL Code:…………………………….

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| Surname ………………………………..……… First name ………………………………………………Address………………………..………………………………………………………………………………Email Address……………………………………………… Phone number ……………………..……….**Note: “Please write your email address legibly with capital letters.”** |
| Name of Client’s Institution/Organization ……..…………………………………………………………….Address……………………………………………………………………………………………….…….…Phone number……………………………………. |
| Services Requested (Tick as apply) |
| **High Performance Liquid Chromatography (HPLC) Other routine services*** Protein and Sugars Hemoglobin Genotyping
* Nucleic acids ABO Blood Grouping
* Cosmetics HIV Screening
* Vitamins
* Biogen e.g.: catecholamines
* Chemical substances
* Environmental impact Assessment
* Others that may be requested by Principal Researcher
* Pharmaceuticals; specify …………………………………
* Others; specify ……………………………………………

**Gene amplification, Purification, Sequencing and Bioinformatics analyses** * Gene Amplification
* Un-reconstituted primers provision by the client
* Un-reconstituted primers provision by CRL, NIMR
* PCR product clean up
* Cycle sequencing

Please specify the number of samples (1 gene per sample) 1-10 [ ], actual Number [ ]Number of strands per gene to be sequenced> 1 [ ], 2 [ ]* Fragment Analysis
* Bioinformatics analysis
 |  |
| Indicate how result will be sent (Tick as apply): Email Pick-upWould you like to be contacted by SMS? Yes No**Note: Data gotten from samples might be used for research purposes.** |
| **For CRL Use only**Received by……...................................... Date……………………. Time………….. ……….. Type of sample tubes used: EDTA Lithium Heparin . Plain     |