

**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-up  Would 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 | |