

221 Longwood Avenue, RFB 4th Floor Boston, MA 02115 Telephone: 617-525-9246

Fax: 617-264-6883

www.brighamandwomens.org/research/brac/

## **Application for Brigham Research Assay Core**

		Degrees:			
Home Institution:					
Department/Division					
Mailing Address:					
Faculty Rank:		If other:			
Email Address:			Phone number:		
Study Information					
·	e):	Institutional IRB	Institutional IRB:		
Study Title:					
Is this a human or animal	study? □ Human □ A	nimal			
Specimen Information					
Expected delivery date of	samples:				
☐ Batch (single d					
	iple drop-offs to BRAC)	Number of visits			
Administration will fill in រុ	orice and total cost				
Assay	Expected Number of Samples	Price \$*	Total Cost		

<sup>\*</sup>Administration will fill in price and total cost



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<b>Funding Sour</b>	ce						
□ NII	□ NIH			PI name			
☐ Other Federal Foundation				Institute			
☐ Ind	ustry						
☐ Institutional/Departmental Funds		nds		Grant #			
☐ Oth	☐ Other		Source				
Billing Inforn	nation						
ID# of	BRAC provided Price Est	imate					
☐ Interna	al Partners (BWH/MGH) F	und #:					
☐ Extern	al Check						
	Source P.O.		_				
Finance Contact:			Email:				
Invoice Recipient (if different from PI):		om PI):	Email:				
Data Manage Who w	vill review the data? Users	can acces	s the da	ata by downloading a small program to			
	Name	Role		Email			
Send complet	Send completed document to:						
Bharti	Thakkar, MBA C(ASCP) Er	nail: bthak	kkar@pa	partners.org			
Email: brac@partners.org							

Phone: 617-732-5389

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## **Payment instructions**

You will be invoiced for work completed, please make checks payable to:

## **Brigham and Women's Hospital**

To insure that your payment is routed to us, please use the following address:

**BRAC Laboratory** 

C/O Bharti Thakkar

221 Longwood Avenue, RFB 4th Floor

Boston, MA 02115

Any questions, please contact Bharti Thakkar, Lab Manager, at 617 732-5389.