



Registration Form
Flow Cytometry Samuel Lunenfeld Research Institute (SLRI)

Please complete this form online and return one copy electronically to Michael Parsons (parsons@lunenfeld.ca) along with one signed copy to the main office.

Main office: Rm. 980 SLRI Mount Sinai Hospital, 600 University Ave. Toronto ON
M5G-1X5, Phone (416) 272-3999

Client information	Date
Name	Title
Email	Phone : Mobile:
Institution	
Internal : SLRI lab name and room number	
External : provide lab name and full address	

Client Agreement

I have read and will comply with all policies governing use of the SLRI flow cytometry facility including those pertaining to bio-safety.

Signature _____

Supervisor/Grant holder

Name	Title
Email	Phone
Institution	
Internal : SLRI cost center	

If external to SLRI please provide full Address and Billing information.

External clients will be invoiced

Address	
Billing: contact person	Billing address

I am aware of the fee structure and agree to cover expenses incurred by the above mentioned client.

Signature of Grant holder _____