



Application for Brigham Research Assay Core

Application Date: _____

Investigator Name: _____ Degrees: _____

Home Institution: _____

Department/Division _____

Mailing Address: _____

Faculty Rank: _____ If other: _____

Email Address: _____ Phone number: _____

Study Information

IRB number (if applicable): _____ Institutional IRB: _____

Study Title: _____

Is this a human or animal study? Human Animal

Specimen Information

Expected delivery date of samples: _____

Batch (single drop-off)

Per visit (multiple drop-offs to BRAC) Number of visits _____

Administration will fill in price and total cost

Assay	Expected Number of Samples	Price \$*	Total Cost

**Administration will fill in price and total cost*



Funding Source

- NIH PI name _____
- Other Federal Foundation Institute _____
- Industry Grant # _____
- Institutional/Departmental Funds
- Other Source _____

Billing Information

ID# of BRAC provided Price Estimate _____

Internal Partners (BWH/MGH) Fund #: _____

External Check

Source P.O. _____

Finance Contact: _____ Email: _____

Invoice Recipient (if different from PI): _____ Email: _____

Data Management

Who will review the data? Users can access the data by visiting our website:

<http://brac.partners.org>

Name	Role	Email

Send completed document to:

brac@partners.org

Phone: 617-525-9246

221 Longwood Avenue, RFB 480

Boston, MA 02115



**BRIGHAM AND
WOMEN'S HOSPITAL**

Brigham Research Assay Core (BRAC)

221 Longwood Avenue, RFB 4th Floor

Boston, MA 02115

Telephone: 617-525-9246

Fax: 617-264-6883

www.brighamandwomens.org/research/brac/

Payment instructions

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

Mass General Brigham

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

Lizbeth Torres

221 Longwood Ave, BLI-5

Boston, MA 02115

Any questions, please contact the lab, at 617-525-9246.