

# RESEARCH CORE FACILITIES

## EXTERNAL CUSTOMER IN-TAKE FORM



### Customer Information

**Company** (Legal name of entity)

**Address** (Street, City, State, Country, Zip)

### Customer Contact

First Name

Last Name

Title

Phone

Email Address

### Billing Info

First Name

Last Name

Title

Department

Address

City

State

Zip

Email Address

Phone

**Responsible individual for securing purchase orders:**

Email Address

Phone

Same as billing address? Yes

No

**Core(s) to be used:**

**Additional Information:**

How did you become aware of the UMMS Research Core?

Is the work the Core will be performing part of a company-sponsored Research Agreement with UMMS?

Yes                      No

Do you or does the company have current or past research collaborations with any faculty, staff or students at UMMS? If yes, please describe?

Yes                      No

**Will the work you intend to do involve:**

Proprietary data or sensitive information (e.g. PII)?	Yes	No	TBD
Human Subjects?	Yes	No	TBD
Live Animals?	Yes	No	TBD
Shipment or hand-delivery of materials/specimens to UMMS?	Yes	No	TBD
Biohazardous materials?	Yes	No	TBD
Export controlled items?	Yes	No	TBD

**Email form to [RCA@umassmed.edu](mailto:RCA@umassmed.edu)**