

Technical Services Request Form

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5 Phone: 604-827-4938

Email completed form to <u>anca.orders@ubc.ca</u> with the Principal Investigator's name in the subject.

CONTACT INFORMATION

Please complete and save this form electronically. You MUST be an authorized user per the ISD Form.

Date:	Facility:
Principal Investigator:	
Contact name:	
Phone:	Email:
Protocol:	
Date required:	
REQUEST DETAILS	
Include all pertinent information (identification, species/strain/ sex, date, time, etc.):	
PAYMENT INFORMATION	
Workday Program/Grant/Project/Gift*:	

No Pre-Approved Internal Sales Delivery Authorization? Please fill out and submit the <u>Internal Sales Delivery Form (pre-approval form)</u> indicating "one time."

If there is a change to your Workday Worktag, please submit a signed <u>Internal Sales Delivery Form</u> for each Primary/Driver Worktag you wish to have set up for billing purposes with ACS.

*Use the <u>Foundation Data Model (FDM) Translation Tool</u> to determine your translated Workday Worktags based on a PeopleSoft value such as Speedchart or PG.