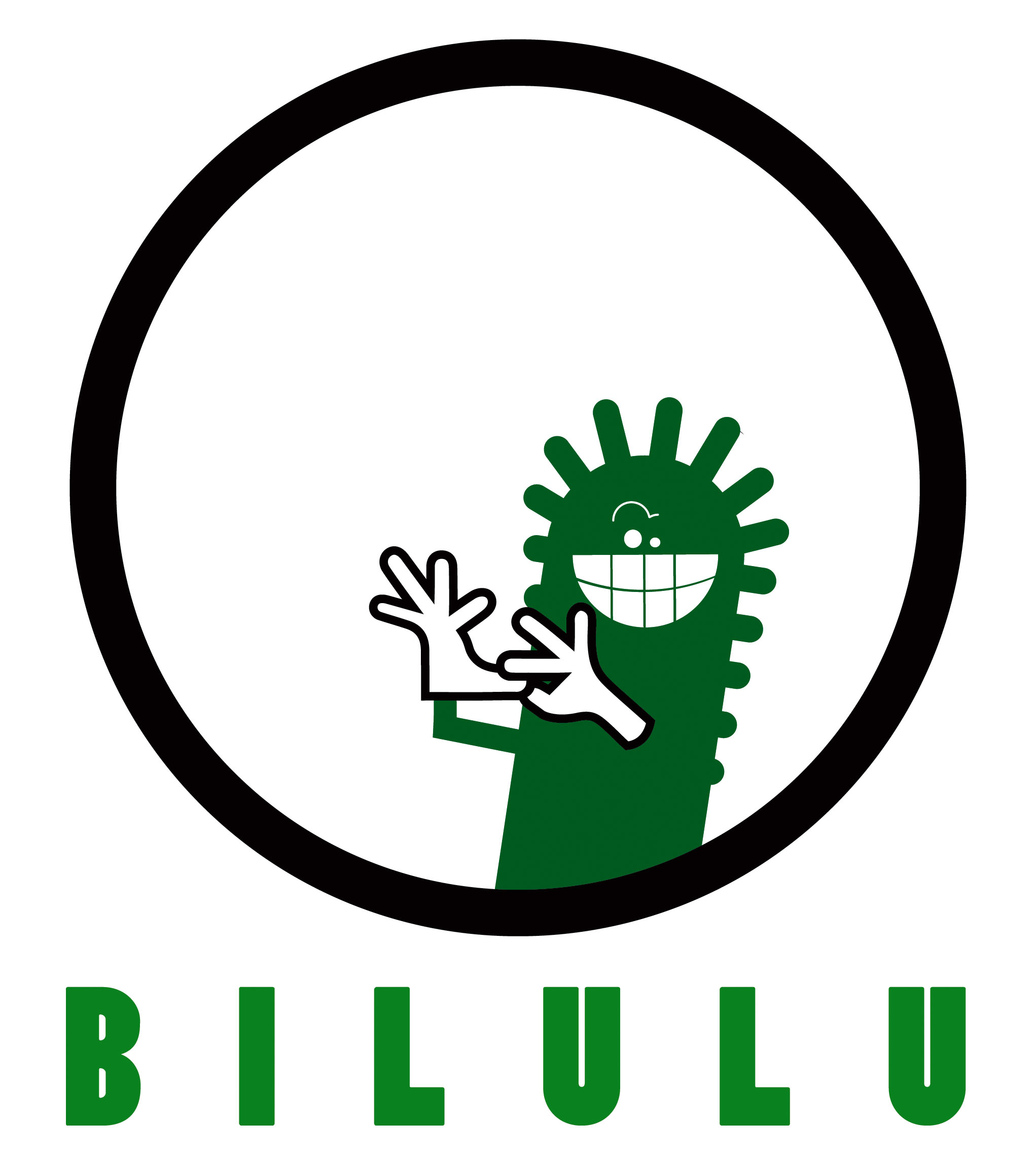
**Request form BILULU project**



|  |  |
| --- | --- |
| **General project information** | |
| **Background and project scope** |  |
| **Project Type** | |
| * **Clinical trial** * **Antimicrobial susceptibility testing trial** * **Micro-organism identification trial** * **Evaluation prepared media** * **Molecular diagnostics** * **Test validation** * **Other** | **Short description of the project:** |
| **Requestor** | |
| **Company/institution**  **Contact Person** | **Address:**  **Name/Phone/Fax/E-mail:** |
| **Timeline/Resources** | |
| **Desirable project completion period and approximate project duration\***  **Number of analysis**  **Estimated number of effort hours\*** | **Technicians:**  **Biologist:**  **Other:** |
| **Budget** | |
| **Estimated budget of the project\*** |  |

\*Estimates of project duration, number of effort hours and budget of the project serve only as an indication . A final quotation will be made by BILULU.