**Request form BILULU project**



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| **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.