

BIOMEDICAL RESEARCH STORE

Order Form

Please submit your order and all correspondence to: bmrs1@umich.edu

Order Type (Select One):

DELIVERY (NCRC ONLY)

PICKUP

SPECIAL

Location (Select One):

BSRB

LSI

MSRB II

NCRC

IMPORTANT: Customers MUST be registered on MiCores in order to use the Stores. If you need to sign up please visit: <https://umich.corefacilities.org/>

Date: _____

Shortcode: _____

Your Name: _____

Employee ID: _____

Uniqname: _____

Lab/PI Name: _____

Phone/Email: _____

Address (Delivery Only): _____

We will keep you posted on the status of your order and contact you to let you know when you can pick it up

Company	Item Description	Catalog Number	Quantity	Size	Store Use Only		
					Picked	B/O	Storage

Please VERIFY catalog number, size, and quantity before submitting orders. Order accuracy is the responsibility of the customer. Products are not returnable unless defective.

Comments:

Store Use Only			
Date: _____		Uniqname: _____	
SPECIAL	Ordered: _____	Received: _____	Copy: Y / N
Comments: _____			