Keck Biotechnology Resource Laboratory
Non-Yale Biostatistics Resource Submission Form

Order Date: MM DD YY

Your Name: Last Name First Name MI

PI Name: Last Name First Name MI

Department: **Institution:**

Telephone: ( ) - **Fax:** ( ) - **E-mail:**

Billing Address: *(Required)* Street Address City, State Zip Code

Shipping Address: Street Address City, State Zip Code

Required Charging Instructions (Check one): ☐ P.O. Number-Amount: $ ☐ NBC ☐ Credit Card

Enter a Purchase Order Number or a Visa/Mastercard Number and Expiration Date. Please indicate whether the charging instructions refer to a P.O. Number, an HHMI P.O. Number, or a Credit Card above. Indicate P.O. Amount if applicable.

Description of Analysis

Analysis Type	File Name/Type	Detail Information (includes experiment design, objective, genome name, replicate, etc.)
Image Analysis		
Basic Statistical Analysis		
Cluster Analysis		
Classification		
Extended Analysis		