



CLIENT INFORMATION SHEET

Client Name		
Name of Advisor (If Student)		Email of Advisor
Department/Laboratory		
Company/Institution/Organization		
Mailing/Billing Address		
Telephone/Mobile No.	Fax	Email Address
Affiliation		
<input type="checkbox"/> PPMF Affiliate Researcher	<input type="checkbox"/> Non-UP Educational/Research Institution	
<input type="checkbox"/> Philippine Genome Center	<input type="checkbox"/> University of the Philippines System	
<input type="checkbox"/> Other Government Research Facilities, NGOs, S/M Industries	<input type="checkbox"/> Large-scale Industries and Corporations	
TO BE FILLED OUT BY LAB PERSONNEL		
RECEIVED BY:		CLIENT ID NO.