

Illumina CORE Facility Partners Program

Application/Update Form

- New Application**
- Existing Program Member Updating Information**

Institution Information

Institution Name: _____

Core Lab Name: _____

Core Lab Website: _____

Core Lab Information:

Address: _____

Address 2: _____

Department: _____ Building/Room: _____

City/Town: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____

Primary Contact (Lab Manager or Scientific Director)

First Name: _____ Last Name: _____

Title: _____ MD PhD MD/PhD Other: _____

Department: _____

Position/Title: _____

Telephone: _____ Fax: _____

Email: _____

Mailing Address (if different from Core Lab address)

Address: _____

Address 2: _____

Department: _____ Building/Room: _____

City/Town: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____



