**REQUEST FOR ERINHA SERVICES**

This form is required for individuals or groups applying for ‘paying access’ to ERINHA Services.

For more information on ERINHA Services, please visit: <https://www.erinha.eu/services/governance/>

Please fill out this form and return to contact@erinha.eu

**Requester’s Information\*:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Affiliation (University, Company, etc):** |  |
| **Country:** |  |
| **Email:**  |  |
| **How did you hear about ERINHA Services? (email, web search, Twitter, other)** |  |

**Description of your work:**

|  |
| --- |
| ***Please include a description of your company or research group and background information regarding your request.******DO NOT INCLUDE ANY INTELLECTUAL PROPERTY INFORMATION AT THIS TIME.*** |

**Request for ERINHA Services:**

|  |  |
| --- | --- |
| Service(s) Requested: |  in vitro in vivo unsure |
| Do you have funding for these services? |  |
| Description of Request | ***Please describe the general request from ERINHA. If possible, detailed information on study design is helpful. Please indicate if you require ERINHA’s guidance on study design****.* |
| Additional information: | ***Please include any additional information you deem relevant for this request*** |