

REQUESTOR INFORMATION				
NAME:			DATE OF REQUEST:	
POSITION:			PREFERRED DEMO DATE(S):	
DEPARTMENT:			PURPOSE OF DEMO:	
CONTACT INFORMATION:		ADDRESS:		
REAGENTS INFORMATION				
NAME OF REAGENTS		CONSUMABLES		
MACHINE INFORMATION				
MACHINE NAME:		REQUIRED SPECIFICATIONS/ FEATURES:		
PURPOSE OF DEMO:		SPECIAL REQUIREMENTS:	(e.g., installation needs)	
<div><div>Requestor Signature</div><div>Signature over Printed Name</div></div> <div>Date:</div>		<div><div><input type="radio"/> APPROVED</div><div><input type="radio"/> DISAPPROVED</div></div> <div><div>Immediate Superior</div><div>Signature over Printed Name</div></div> <div>Date:</div>	<div><div><input type="radio"/> APPROVED</div><div><input type="radio"/> DISAPPROVED</div></div> <div><div>KATHLEEN REYES, MHM, DBA</div><div>Chief Operating Officer</div></div>	

BMI-FORM-SLS-001

\*Don't forget to attach relevant references\*

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