# Oklahoma Center for Adult Stem Cell Research



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OCASCR Core Facilities Equipment Information

Please send the following information regarding the equipment.

|  |  |
| --- | --- |
| **Name of Item** |  |
| **Description of the item. This will be posted on the OCASCR website.** |  |
| **Model #** |  |
| **Serial #** |  |
| **Quantity** |  |
| **Cost** |  |
| **Vendor** |  |
| **Date Purchased** |  |
| **Date installed** |  |
| **Comments** |  |
| **Where will the equipment be housed** |  |
| **Contact name, email, and telephone number This will be posted on our website for those who want to access the equipment** |  |