**Załącznik nr 8.**

Gliwice, ……………………………

……………………………………………

*Name and surname of lab supervisor*

……………………………………………

*e-mail address*

……………………………………………

*Phone number*

I am requesting to excluding the laboratory number. …………… from Biotechnology Center’s ZIG section for the period from …………………………… to …………………………… .

…………………………………………

*signature*