

Application for Use of Core Services

Investigator _____ Department _____

Telephone/e-mail Address _____

Briefly describe the hypothesis and project goals for which services are requested. Please provide the specific aims page of your grant application, if available:

Are requested services part of a currently funded project? Yes ___ No ___

Are requested services part of a pilot study? Yes ___ No ___

Estimated No. of Samples:

The Cardiorenal and Metabolic Diseases Research Center (CMDRC) must provide NIH with periodic reports of use of Core supported services. By signing this application, you agree to provide the CMDRC with information concerning publications and other research funding that has resulted from this use of core services.

Signature of Principal Investigator _____ Date _____

Please return the completed and signed application to:

Elizabeth Flynn eflynn@umc.edu