



INDIANA UNIVERSITY

**MELVIN AND BREN SIMON
COMPREHENSIVE CANCER CENTER**

**PROJECT AUTHORIZATION FORM
Clinical Pharmacology Analytical Core (CPAC)**

699 Riley Hospital Drive, Room 240 (lab)

Indianapolis, IN 46202

317-274-3053

Andi Masters, M.S., Lab Director, Email: argrove@iu.edu

Please note, all of the following information is required by the IUSCC before we can process your CPAC request

Project Title/Reference: _____

(i.e. Compound XYZ Quantification –OR- Title of Grant)

Principal Investigator Name

Principal Investigator E-Mail

Principal Investigator Department

Principal Investigator Contact Info

Are you a Cancer Center Member? Yes No

Grant/University Account # to be charged: _____
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Name of Grant Agency and Title of Grant *(i.e. External Source; Internal Source):*

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If external source, please provide the grant number:

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Name of PI's Department Account Manager/Contact:

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Phone #:

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Principal Investigator Signature:

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PLEASE E-MAIL SIGNED PDF TO Andi Masters @ argrove@iu.edu or Kristina Taylor @ kristtay@iu.edu