



**Authorization Form  
Flow Cytometry Facility**

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◆ **Attn: Kristina Taylor**  
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**\*Please provide all of the following information\***

Principal Investigator Name	Principal Investigator Network ID
Approve User(s) Name	Approve User(s) Network ID

Cancer Center Member?  Yes  No

Grant/University Acct # to becharged: \_\_\_\_\_

Name of Granting Agency: \_\_\_\_\_

Grant #: \_\_\_\_\_ End Date of Grant: \_\_\_\_\_

Title of Grant/Contract: \_\_\_\_\_

Program/Project Leader on Grant/Contract: (if applicable): \_\_\_\_\_

PI Phone: \_\_\_\_\_ Acct. Mgr: \_\_\_\_\_

PI Address/Bldg: \_\_\_\_\_ Phone: \_\_\_\_\_

PI Email: \_\_\_\_\_ Address/Bldg: \_\_\_\_\_

Email: \_\_\_\_\_

**Principal Investigator Signature:** \_\_\_\_\_

By signing this document you agree that all Flow Cytometry Resource Facility Policies and Procedures have been reviewed and are understood. Violation of any core policies and procedures can result in action being taken by the Flow Cytometry Resource Facility including the loss of access to the core.