



**Authorization Form
Flow Cytometry Facility**

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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.