

University of Pennsylvania
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DNA Sequencing Facility
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LAB MEMBER INFORMATION FORM

❖ **A separate copy of this form should be filled out by each lab member who will use the Sequencing facility**

Check one : New account Change in account information _____
PI's last name and first initial

Principal Investigator (full name) _____

PI Department _____ School _____ Lab Address _____

Please check: Add a new Lab Member Deactivate this Lab Member Update current
Lab Member

Lab Member (full name) _____

e-mail (required) _____

Telephone (required) _____

Is this person the **Lab Manager** of this lab yes no

Which Charge Accounts should he/she have access to? _____

In signing this form, I agree to use the DNA Sequencing facility in accordance with the policies and compliance guidelines set by the University of Pennsylvania, and by the sponsors of the research projects my usages being charged to. I agree not to allow anyone access to my account.

Lab Member Signature (required) _____ Date _____

BA Signature (required) _____ Date _____

PI Signature (required) _____ Date _____