



**Penn
Medicine**

Institute for Diabetes, Obesity & Metabolism

MOUSE PHENOTYPING, PHYSIOLOGY AND METABOLISM CORE

Instructions: Please enter all requested information in the space provided. When the form has been completed, please print the form, obtain the appropriate signatures and submit to the IDOM Business Office. If you have any questions, please contact Ravindra Dhir or the Core staff at 573-1875.

PRINCIPAL INVESTIGATOR

REQUESTOR

(authorized user)

DEPARTMENT

DEPARTMENT

ADDRESS

ADDRESS

MAIL CODE

MAIL CODE

TELEPHONE

TELEPHONE

FAX

FAX

E-MAIL

E-MAIL

PROJECT TITLE

FUNDING SOURCE

GRANT (ID) NUMBER

CNAC ORG BC FUND OBJ PROG CREF

BUSINESS ADMINISTRATOR

ACCOUNT NUMBER

DEPARTMENT

EXPIRATION DATE

ADDRESS

MAIL CODE

TELEPHONE

FAX

E-MAIL

BUSINESS OFFICE USE ONLY

ACCOUNT ID _____

ASSIGNED BY _____

DATE _____

DEACTIVATED BY _____

DATE _____

Requestor

(Signature)

Date

My signature indicates that i am affiliated with the lab identified above and that any services provided by the core are for the project named above

Principal Investigator

(Signature)

Date

I AGREE TO acknowledge the I and the Diabetes Endocrine Research Center grant and the services of the Mouse Phenotyping, Physiology and Metabolism Core in any ensuing research publications

Business Administrator

(Signature)

Date