



Penn Medicine

Perelman School of Medicine
University of Pennsylvania Health System

RODENT METABOLIC PHENOTYPING CORE

Please enter all requested information in the space provided, sign, and submit to the IDOM business office.
If you have any questions please contact Jennifer Rojas at 215-802-4028

PRINCIPAL INVESTIGATOR _____
 DEPARTMENT _____
 ADDRESS _____
 MAIL CODE _____
 TELEPHONE _____
 FAX _____
 E-MAIL _____

AUTHORIZED USER _____
 DEPARTMENT _____
 ADDRESS _____
 MAIL CODE _____
 TELEPHONE _____
 FAX _____
 E-MAIL _____

PROJECT TITLE _____
 FUNDING SOURCE _____
 GRANT ID NUMBER _____

BUSINESS ADMINISTRATOR _____
 DEPARTMENT _____
 ADDRESS _____
 MAILCODE _____
 TELEPHONE _____
 FAX _____
 E-MAIL _____

ACCOUNT NUMBER _____
 EXPIRATION DATE _____

CNAC ORG BC FUND OBJ PROJ CREF

REQUESTOR _____
 (SIGNATURE) (DATE)

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

PRINCIPAL INVESTIGATOR _____
 (SIGNATURE) (DATE)

I agree to acknowledge the Diabetes Research Center grant (P30-DK19525) and the services of the Mouse Phenotyping, Physiology, and Metabolism Core in any resulting publications

BUSINESS ADMINISTRATOR _____
 (SIGNATURE) (DATE)

BUSINESS OFFICE USE ONLY	
ACCOUNT ID	_____
ASSIGNED BY	_____
DATE	_____
DEACTIVATED BY	_____
DATE	_____