

Authorization Form Multiplex Analysis Core

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Please provide all of the following information Principal Investigator Name **Principal Investigator Network ID** Approve User(s) Network ID Approve User(s) Name ☐ Yes **Cancer Center Member?** □ No Grant/University Acct # to be charged: 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:**