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| Cell Resource Core New User Form |



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| Please provide the following: |  |
| 1. Principal Investigator’s Name |  |
| 1. Title |  |
| 1. Institution or Company |  |
| 1. Mailing Address: City/ State/ Zip Code: |  |
| 1. Shipping Address: City/State/ Zip Code: |  |
| 1. Phone (day) |  |
| 1. E-mail Address |  |

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| Billing Information: |  |
| 1. Billing contact/ department |  |
| Billing Address |  |
| City/ State/Zip Code |  |
| Phone/ Fax Numbers |  |
| 1. Partners Fund Number, if applicable |  |
| *Please note: non-partners users, invoices will be sent to billing address and PI at end of each month for total use over that month* | |

Please provide a short project summary (2-3 sentences):

Please provide a short PI bio or NIH biosketch:

|  |  |  |
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| Please check what you are interested in today: | | |
| Fresh Hepatocytes: | | |
|  |  Human   Rat   Mouse |  Plated   In suspension |
| Cryopreserved Hepatocytes | | |
|  |  Human   Rat   Mouse | |
| Non – Parenchymal Cells | | |
|  |  Whole NPC fraction   Kupffer Cells   Stellate Cells   Liver Sinusoidal Endothelial Cells | |
| Cell Culture | | |
|  |  C+H (Hepatocyte Culture Media)   Collagen solution   Cell culture training | |
| Other | | |

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Please contact us at [contact@cellresourcecore.org](mailto:contact@cellresourcecore.org) for any custom mouse or rat isolations

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_