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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
 |  |

|  |  |
| --- | --- |
| 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:

|  |
| --- |
| 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 for any custom mouse or rat isolations

FOR OFFICE USE ONLY

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

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