INDIANA UNIVERSITY BLOOMINGTON

Flow Cytometry Core Facility

Please provide all of the following information

Principal Investigator Name	Principal Investigator E-mail
Approved User(s) Name(s)	Approved User(s) E-mail(s)
Approvad Goor(o) Italiio(o)	7.pp. 3 voa 333. (c) 2 man(c)
Department: Grant/University Acct # to be charged:	
Grant #: Start/End Dates of Grant:	
Title of Grant:	
Program/Project Leader on Grant/Account: (if applicable):	
•	, ,
Cell and/or organism name:	·
Title and brief description of flow cytometry project (if you have more than one project, feel free to copy this page for additional project information – grant, title, description, etc):	
Description (please write or type description in space below):	
PI Phone:	Lab Phone:
PI Bldg/Room:	Lab Bldg/Room: