

# FLOW CYTOMETRY FACILITY

## Primary Investigator Information Form

Last Name	First Name	MI
HawkID		
Department	Cancer Center Member?	Yes      No
Investigator Phone Number	Laboratory Phone Number	
Laboratory Address		
MFK		

FUND	ORG	DEPT	SUBDEPT	GRANT/PRGM	INST ACCT	ORG ACCT	DEPT ACCT	FN	CST CTR
XXX	XX	XXXX	XXXXX	XXXXX XX	XXXX	XXX	XXXXX	XX	XXXX
					XXX	XXX			
					XXX	XXX			
					XXX	XXX			

List Research Assistants and Graduate Students that will use the Facility:

Last Name	Last Name
First Name	First Name
Middle Initial	Middle Initial
HawkID	HawkID
Last Name	Last Name
First Name	First Name
Middle Initial	Middle Initial
HawkID	HawkID