



AUTHORIZATION FOR EXTERNAL CHARGES

Contact Information:

Principal Investigator: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Billing Information:

Company or Organization Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Billing Contact Name : _____ Phone #: _____
Billing Reference or P.O. # For Invoicing: _____
Project Start Date: _____ End Date: _____

Authorized core usage: (check all that apply)

Integrative Cardiovascular Physiology Flow Cytometry
 Interventional Cath Core Microscopy
 EPR/NMR/VEVO Atomic Force Microscopy

Authorized users: (print users names)

By signing this document, you are authorizing the user(s) listed above to accumulate lab charges that will be expensed to your fund. Additional users may be authorized by submitting a signed Core Laboratories User Agreement to the appropriate core manager. This authorization will remain in effect for one year from the date of signing or until the project ending date, which ever occurs first. You will receive a renewal form prior to the expiration date. The Principal Investigator may revoke this authorization at any time by first notifying the user(s) that they no longer have permission to use the core facilities, and then notifying the DHLRI Business Manager (Karel Smith, 614 247-7797) of the individuals whose authorization has been revoked.

Principal Investigator (signed): _____ **Date:** _____

Authorized By (print): _____

(signed) : _____ **Date:** _____

For any questions regarding the forms or the billing process, please contact **Karel Smith at 614 247-7797**.
Please return this and all other completed core registration forms to the core manager or mail to their attention at:

Davis Heart and Lung Research Institute
473 W 12th Ave
Columbus, OH 43210