



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)

Interventional Cath Core Flow Cytometry and Cell Sorting Analysis
 Small Animal Imaging 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 purchase order. Additional users may be authorized by submitting an email to the DHLRI Core Lab Manager. This authorization will remain in effect for one year from the date of signing or until the purchase order period ends, whichever occurs first. 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 lab, and then notifying the DHLRI Business Office (DHLRI.BusinessOffice@osumc.edu) of the individuals whose authorization has been revoked.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 **Lori Arnold** at DHLRI.BusinessOffice@osumc.edu. Please return this and all other completed core lab forms to the DHLRI Core Manager or mail to their attention at:

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Columbus, OH 43210