



CENTER FOR IMMUNOBIOLOGY

New Core User Registration Form

Please complete the form below. Once the form is submitted and reviewed, someone from the center will be in contact to further discuss your needs. For more information about training and scheduling instruments please visit our policy and procedures page <http://med.wmich.edu/node/46>. If you have questions about the form, please contact Immunobiology@med.wmich.edu.

Principle investigator Contact Information -

First Name

Last Name

Institution Name:

Department

Position Title

E-mail Address

Phone Number :

Address Information -

Street Address

Street Address Line 2

City

State

Zip Code

Core Users and/or Additional Personnel Information -

First Name

Last Name

E-mail

Phone Number :

First Name

Last Name

E-mail

Phone Number :

Please indicate all WMed core equipment you are requesting to use? Briefly describe how equipment will be used to further your research goals?

Please indicate if any of the following are present in specimens you would bring into to the WMed core?
Choose all that apply.

Bacteria

Recombinant DNA

Yeast

Radioactive Material

Genetically Engineered Cells

Virally Transformed Cells (EBV, etc.)

Human Cells

Infectious Agents

Tested for Mycoplasma:

Virus

Does not apply

Other

Questions, comments and/or concerns?