



**New Investigator / Project Information Form**

**All investigators please provide the following information (one form per IRB protocol).**

Today's Date: \_\_\_\_\_ check one:  New Project Information  Change in Project Information

Person Completing this form: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ PI Department: \_\_\_\_\_

PI Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Personnel who are authorized to use these services:

\_\_\_\_\_

Types of sample(s): Tissue Origin \_\_\_\_\_ Species: \_\_\_\_\_

Are there known hazards in the samples we will handle? Yes No

If yes, Please describe: \_\_\_\_\_

Protocol(s) Requested (circle one):  Standard  Customized

\_\_\_\_\_

IRB Project Title: \_\_\_\_\_

IRB Approval? Yes No IRB# \_\_\_\_\_ (please supply a PDF copy of the IRB approval letter)

Who is allowed access to these specimens: \_\_\_\_\_

Who is authorized to receive shipments of these specimens? \_\_\_\_\_

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**Anticipated services:**

How many samples are expected to arrive in our lab per week? \_\_\_\_\_

How will they arrive in our lab?

Hand Delivered

Fed Ex shipment to your lab and then hand delivered

Fed Ex shipment directly to the GRCF Cell Center & Biorepository

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**Payment:**

Send Invoices to (circle one):  PI  Budget Administrator  Lab Manager

Budget Administrator (B.A.): \_\_\_\_\_ B.A. Department: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

University Budget Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Department: \_\_\_\_\_ Department Head: \_\_\_\_\_

*If paying by Credit Card, please make arrangements with the GRCF Cell Center & Biorepository,*

[bioprocessing@jhmi.edu](mailto:bioprocessing@jhmi.edu), 410-614-5201.

***Prior to project initiation, we would like to meet one on one with you and discuss your project needs and expectations. We look forward to helping you!***