



## Application to Use RESBIO Polymer, Cell or Computational Facilities



Please provide as much as you can of the requested information and submit by mail, fax or e-mail to the address on page 2.

### Principal Investigator

Name:	
Department	
:	
Institution:	
Address:	
Telephone:	
Fax:	
E-Mail:	

### Other Investigator(s). Please use additional pages, if needed.

Name:	
Department:	
Institution:	
Address:	
Telephone:	
Fax:	
E-Mail:	
Name:	
Department:	
Institution:	
Address:	
Telephone:	
Fax:	
E-Mail:	

### Project Title

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### Source of Support

Specify name (and number where applicable)

<input type="checkbox"/>	U.S. Government Grant	
<input type="checkbox"/>	Non-U.S. Government Grant	
<input type="checkbox"/>	Foundation Grant	
<input type="checkbox"/>	Commercial Organization	
<input type="checkbox"/>	Other	

**Type Of Interaction with RESBIO/NJCBM**

\_\_\_ Collaborative

\_\_\_ Service

\_\_\_ Training

**Project Description**

1 paragraph minimum, attach additional pages, if necessary

**What important questions will be addressed in this Project?**

**Methods to be used**

Please contact NJCBM if you have questions concerning the type of experiments the center can support.

**List any biological materials to be used in this project?**

**Duration for which the use of RESBIO/NJCBM facility is being requested**

Please provide dates, if possible.

Only work intended for publication can be done at RESBIO/NJCBM. All publications, posters, and oral presentations containing work done by or at RESBIO/NJCBM must acknowledge the supporting NIH grant and RESBIO or NJCBM.

**Send completed applications via postal mail, FAX, or E-Mail to:**

RESBIO Service Manager  
New Jersey Center for Biomaterials  
145 Bevier Road  
Piscataway, NJ 08854

Phone: 732 445 0488  
Fax: 732 445 5006  
E-mail: [admin@njbiomaterials.org](mailto:admin@njbiomaterials.org)  
Website:  
<http://www.njbiomaterials.org>

