

Investigator Profile Form

For provision of materials from the Penn Vector Core

Fillable form - Please type

Principal Investigator: First name _____ Last name _____

Institution: _____ Department _____

Academic Institution

Academic Core Facility

Non-Profit Institution

For-Profit Corporation

PI Address:

PI Shipping Address (if different):

PI Phone #: _____

PI Email: _____

Shipping Account Number We recommend World Courier due to their service of monitoring the dry ice. We can ship with another courier of your choice, but will not be responsible for loss or damage of the material. :

Billing Contact Name: _____ **Phone:** _____

Billing Address: _____

Billing Email: _____

Additional Members of the lab who can access account information and request vectors:

Name

Email

Phone #

Research Area/ Disease Application/ Target Tissue (e.g. heart, liver, lung, blood, muscle, eye, CNS, other):
(Please indicate if your research/ disease area has a heart, lung, or blood manifestation for potential Core financial support of vectors)

How did you hear about us? A Website Addgene An Ad or Brochure A colleague

Return this form to the Penn Vector Core as a PDF: psom-vector@pobox.upenn.edu
TRL Suite 2000, 125 S. 31st Street | Philadelphia PA 19104-3403 | Tel: 215-573-0633