Please Check One:  New Account [ ]  Change Existing Account [ ]

ACCOUNT INFORMATION
(One form per index)

Index Number __________________________  Facility __________________________

PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator Name (first, last) _______________________________________
Department ________________________________________________________________
Phone No. ___________________________  Fax No. _____________________________
Building ___________________________  Room No. ___________________________
E-mail _____________________________  Mail Code ___________________________

BILLING POINT OF CONTACT (required)  LAB POINT OF CONTACT

Update Information [ ]  Update Information [ ]

Name _____________________________  Name _____________________________
Phone No. ___________________________  Phone No. ___________________________
Fax No. _____________________________  Fax No. _____________________________
E-mail _____________________________  E-mail _____________________________
Mail Code ___________________________  Mail Code ___________________________

AUTHORIZED USERS INFORMATION

If this is the information being changed please check box that says ADD or DELETE

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<th>Phone No.</th>
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Authorized Signature ___________________________  Date _______________________
Printed Name _______________________________

Submit this form to Donald Baker via mail (MC: 0605) or fax (858-822-2107)

Questions? Contact Donald Baker at 858-822-1019 or donaldb@ucsd.edu

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