

User Form
John A. Burns School of Medicine, Histopathology Core Facility
University of Hawai'i at Manoa

Date	Department or Organization		
User Name		Position (Grad, Post Doc, Tech, Faculty, other)	
Email		Phone	
Principal Investigator (if not user) Name		PI Degree (PhD, MD, Other)	
PI Status (Professor, Associate or Assistant Prof/Res/Spec, Adjunct, Fellow, Post Doc, other)			
Email		Phone	
PI Affiliations (Manoa, Hilo, West Oahu, UH Comm Coll, Hospitals, Other Univ, Other Institution)			
Project Title:			
Project Summary:			
Ethnic Group involved in study (Native Hawaiians, NH and other Pacific Islanders, NH and other Ethnic groups, Other Pacific Islanders only, other, N/A (non-human			
Source of funding (COBRE, INBRE, RMATRIX, RTRN, NSF NASA, other federal, private, other):			
Is PI a Pilot Investigator of any grants listed above? (Y / N):			
Person responsible for bill paymant		Address to send invoice to	
Email to follow up on payments		Phone	

Supported by NIMHD, NIH grant # U54MD007601 (please cite the core on your publication!)