Stony Brook Cancer Center

Office of Finance & Administration
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Stony Brook, NY 11794-7263

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Application for Shared Resource Use
(Voucher)

Name:_____

Department:_____

Title of project:_____

Brief description of question being addressed:_____

_____

_____

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Cancer Center Shared Resource needed:

☐ Biological Mass Spectrometry Shared Resource
☐ Tissue Analytics Shared Resource
☐ Biostatistics Shared Resource
☐ Bioinformatics Shared Resource

Dollar Amount requested: _____

Expected grant application date:_____ Expected manuscript preparation:_____

The PI has to attest to acknowledge the core in all publications:

The PI has to attest to respond to a questionnaire relating to use of the subsidy and outcomes of data:

_____ _____
Signature: **Date**

PLEASE SEND COMPLETED FORM TO:
SBCC_Admin@stonybrookmedicine.edu

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