



Office of Finance & Administration

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APPLICATION FORM FOR
SUBSIDIZED SHARED RESOURCE USE
(VOUCHER)

Name: _____

Department: _____

Title of project: _____

Brief description of question being addressed: _____

Cancer Center Shared Resource needed:

Biological Mass Spectrometry Shared Resource

Biostatistics Shared Resource

Tissue Analytics Shared Resource

Advanced Imaging Shared Resource
(small animal imaging or clinical mri studies)

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:
Ms. Joann Delucia-Conlon (joann.delucia-conlon@stonybrookmedicine.edu)**



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