

MSSM Irradiator Shared Resource Facility User Authorization

I approve of the charges for Irradiator services rendered.

Principal Investigator's Name: _____

Life Number: _____

Title: _____

Department: _____

Telephone: _____

Email: _____

Box Number: _____

Fund Number: _____

Expiration Date: _____

Persons Authorized to Use Facility:

Principal Investigator's Signature: _____

Date: _____

Please return the completed form to the Irradiator SRF by fax to 212-659-9726.