

CNAC number:



**COMPREHENSIVE NEUROAIDS CENTER (CNAC)  
MAMMALIAN CELL AND VIRUS CORE**

**CELL REQUEST FORM**

**A. Investigator information**

Principal Investigator	Contact (if different from PI)
Title:	Title:
Email:	Email:
Phone:	Phone:
FAX:	FAX:

Institution:	
Department:	
Address1:	
Address2:	
City	State
	ZIP Code

**B. Research Project information**

Project Title:
Funding Source: (agency name and grant #)
PI on Grant:
Summary of Research (200 words or less)

**C. Sample Request for Mammalian cells**  
**(Please place "x" in appropriate box)**

**Primary cells**

<b>Species</b>	<b>Human</b>	<b>Rat</b>	<b>Mouse</b>
<b>Cell type</b>			
Neurons			
Astrocytes			
Microglia			
OPC			
PBMCs			

**If another cell type is requested, please describe.**

Approximate number of cells required for experiment:  
 (List each cell type separately)

<b>Cell type</b>	<b>Number requested</b>

**D. Proposed experimental design for which cells are requested**

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Please describe in a few sentences your experimental plan.

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**E. Acknowledgement Agreement**

In utilizing the services of CNAC's Mammalian Cell and Virus Core, I agree to acknowledge Temple University's Comprehensive NeuroAIDS Center (P30 MH09217) in any presentations, publications, or grant applications resulting from the data generated as a result of all CNAC provided resources.

DATE: \_\_\_\_\_

Print Name (PI) \_\_\_\_\_

Signature: \_\_\_\_\_

CNAC USE ONLY:

Approved

Declined

Comments if Declined:

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Ilker K. Sariyer, DVM., PhD