

MRC JIT Core Usage Funding Request

Reminder: Cite Washington University Musculoskeletal Research Center (NIH P30 AR074992) when your research was supported by the MRC funds or services.

Request for MRC Just-In-Time Core Usage Funding

Submit request via website https://sites.wustl.edu/wumrc/funding/iit/apply/. Questions? Email Kamilla McGhee kim@wustl.edu

Submit request via website <u>iit</u>	.tps.//sites.wusti.edu/wuiiiic/Tuiit	<u>anig/jit/appiy/</u> . Qu	estions: Linan Kan	illia ivicollee <u>Kji</u>	<u>пеwusu.euu</u>
Date Su	ıbmitted:				
Principal Investigator (PI):				Phone:	
Washington University Department:					
Fellow	/Trainee:				
(If PI is a mentor for project to be					
conducted by research trainee)					
Relevant Co-Investigator(s):					
(if applicable) Relevant Co-Investigator(s)					
Washington University Dep					
washington oniversity bep	dartinent.				
PROJE	CT TITLE:				
If Applicable:		Cores to be used:			Please check which Core(s) you plan to use.
IRB approval number:		Core B: Structure			
IACUC approval number:		Core C: Histology			
	•		odels of Joint Injury	/ & Disease	
	•	Center for Cellular Imaging (WUCCI)			
	l	Bio statistical consulting support			
Please include the quote with	the core services you are proposi your submission to the MRC.			he quote you re	eceived from the core. Core Cost (from quote)
Core(s) Utilized (B, C, D and/or Bio statistical consulting support) Core B			Yes	No	\$
Core C			Yes	No	\$
Core D			Yes	No	\$
WUCCI			Yes	No	\$
Bio statistical consulting support (limited to \$300/year)			Yes	No	\$
			core services requi		\$
		1000.0000		RC JIT Request	\$
	(maxir	num request is \$1,.	250, excluding Bio-s		'
PI Signature (Type your nam	e in lieu of signature				Date
MRC Use Only:					
Date received by MRC:			ate sent to review	committee:	
Funding Decision:	Approved Disapprove	ed Other			
Total Approved Funding: \$ Approved Project Duration:					
Date notification sent to PI:			Date Notification se	nt to Core:	
MRC JIT Project ID #:					

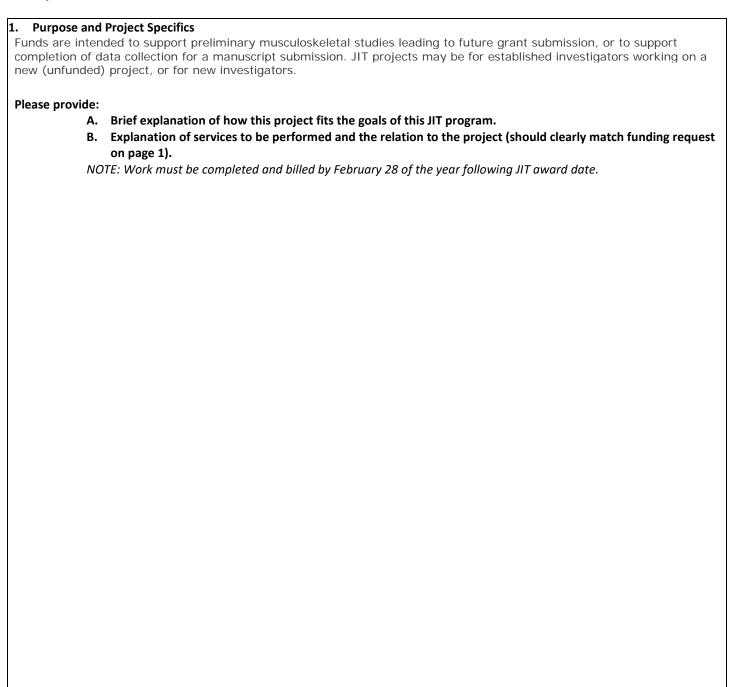


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PI Request Justification





Musculoskeletal Research Center

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MRC Core Director Confirmation Form

Use multiple forms if multiple cores are to be used

Approved Core signatures:

Core B and/or Bio statistical Support	Core C		
Dr. Matthew Silva	Dr. Deborah Veis		
314.362.8585	314.454.8472		
silvam@wudosis.wustl.edu	dveis@wustl.edu		
<u>Core B website</u>	Core C website		
Core D	WUCCI		
Dr. Yousef Abu-Amer	James Fitzpatrick		
314.362.0335	314.747.0838		
<u>abuamery@wustl.edu</u>	fitzp@wustl.edu		

Name of Core:			
Name of Core Director:			
Principal Investigator:			
Project Title:			
1. Services to be provided by the core:			
2. Total costs of services to be provided:			
3. Does your core have the capacity to provide	Yes	No	
the requested services within a 12 month			
period?			

By signing this form, you agree to comply with all billing procedures (bill directly to MRC, with project name clearly labeled on invoice).

Please bill for these services directly to:

Department 3305 Attn: Kamilla McGhee Reference JIT Project number

Core Director Signature (Type your name in lieu of signature)	Date