



Musculoskeletal Research Center

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/jit/apply/>. Questions? Email Kamilla McGhee kjm@wustl.edu

Date Submitted:			
Principal Investigator (PI):		Phone:	
Washington University Department:			
Fellow/Trainee: <i>(If PI is a mentor for project to be conducted by research trainee)</i>			
Relevant Co-Investigator(s): <i>(if applicable)</i>			
Relevant Co-Investigator(s) Washington University Department:			

PROJECT TITLE:	
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If Applicable:		Cores to be used:		<i>Please check which Core(s) you plan to use.</i>
IRB approval number:		Core B: Structure and Strength		
IACUC approval number:		Core C: Histology & Morphometry		
		Core D: Animal Models of Joint Injury & Disease		
		Center for Cellular Imaging (WUCCI)		
		Bio statistical consulting support		

Budget details:

Complete the table below for the core services you are proposing to utilize for your study, based on the quote you received from the core.

Please include the quote with your submission to the MRC.

Core(s) Utilized (B, C, D and/or Bio statistical consulting support)	Quote attached		Core Cost (from quote)
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	\$
Total cost of core services required for project			\$
Total MRC JIT Request			\$
<i>(maximum request is \$1,250, excluding Bio-stat consulting)</i>			

PI Signature (Type your name in lieu of signature)	Date
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MRC Use Only:	
Date received by MRC: _____	Date sent to review committee: _____
Funding Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other	Approved Project Duration: _____
Total Approved Funding: \$ _____	Date Notification sent to Core: _____
Date notification sent to PI: _____	
MRC JIT Project ID #: _____	



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PI Request Justification

1. Purpose and Project Specifics

Funds are intended to support preliminary musculoskeletal studies leading to future grant submission, or to support completion of data collection for a manuscript submission. JIT projects may be for established investigators working on a new (unfunded) project, or for new investigators.

Please provide:

- A. Brief explanation of how this project fits the goals of this JIT program.
- B. Explanation of services to be performed and the relation to the project (should clearly match funding request on page 1).

NOTE: Work must be completed and billed by February 28 of the year following JIT award date.



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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 314.362.8585 silvam@wudosis.wustl.edu Core B website	Dr. Deborah Veis 314.454.8472 dveis@wustl.edu Core C website
Core D	WUCCI
Dr. Yousef Abu-Amer 314.362.0335 abuamery@wustl.edu Core D website	James Fitzpatrick 314.747.0838 fitzp@wustl.edu WUCCI website

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 the requested services within a 12 month period?	Yes No

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
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