

**NEW JERSEY MEDICAL SCHOOL
MOLECULAR RESOURCE FACILITY**

ROOM F503, MSB
NEWARK, NJ 07103
PH: (973) 972-2625
FAX: (973) 972-2566
E-mail: mrfadm@umdnj.edu

LABORATORY REGISTRATION FORM

(for record-keeping purposes only)

LABORATORY NAME (PI): _____ PHONE _____

DEPARTMENT: _____ ROOM _____

INDIVIDUAL LABORATORY MEMBERS (authorized to use the fund number below):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FUND NUMBER: _____

PI SIGNATURE: _____

MRF USE:

LABORATORY ID# _____

SERVICES: EN DSY DSQ PSQ PSY HPLC CIP IM