

FORM: PI ACCOUNT INFORMATION FOR CMGI SERVICES

Instructions: Complete the form and save as a PDF. Email to: cmgiimaging@ucdavis.edu
Note: If there is a second, or multiple projects, with different scope of work and grant funding, prepare a new form for each. It is the PI's responsibility to resubmit this form when there are any changes, in which case only name, date, study title and specific change are needed.

Date (MM/DD/YY):	
PI Name (Last):	
PI Name (First):	
Department:	
Email:	
Study Title (short):	
Department Contact:	
Email:	
Cancer Center Member: Yes No	
Primate Center Member: Yes No	
Kuali Account Number:	
4-Digit ID Number:	
Account Expiration Date (MM/DD/YY):	
If there's a second account number you might use:	
Kuali Account Number:	
4-Digit ID Number:	
Account Expiration Date (MM/DD/YY):	
Comments about accounts or additional account numbers:	

ab members authorized t	plan and schedule exp	periments (Last name	. First name)
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Lab membe	ers authorized to plan and schedule experiments (Last name, First name):
1.	
2.	
3.	
4.	
5.	