



INDIANA UNIVERSITY

MELVIN AND BREN SIMON COMPREHENSIVE CANCER CENTER

PROJECT AUTHORIZATION FORM Clinical Pharmacology Analytical Core (CPAC)

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Please note, all of the following information is required by the IUSCC before we can process your CPAC request

Project Title/Reference: (i.e. Compound XYZ Quantification –OR- Title of Grant)

Principal Investigator Name

Principal Investigator E-Mail

Principal Investigator Department

Principal Investigator Contact Info

Are you a Cancer Center Member? Yes No

Grant/University Account # to be charged:

Name of Grant Agency and Title of Grant (i.e. External Source; Internal Source):

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If external source, please provide the grant number:

Name of PI's Department Account Manager/Contact:

Phone #:

Principal Investigator Signature:

PLEASE E-MAIL SIGNED PDF TO [Zack Gunter - tzgunter@iu.edu](mailto:tzgunter@iu.edu)

Acknowledgement, authorship and collaboration: All research work performed by CPAC should be acknowledged in all ensuing publications. Please add the following statement to the acknowledgments section: **"Mass spectrometry work ('and any other work') was provided by the Clinical Pharmacology Analytical Core at Indiana University School of Medicine; a core facility supported by the IU Simon Cancer Center Support Grant P30 CA082709 "**. Fees paid for services provided by the CPAC should not negate the potential of co-authorship by CPAC scientists. These acknowledgements and achievements are important for the existence and continued funding of the CPAC. Given that many validation procedures and CPAC offered services require advanced intellectual involvement by the CPAC scientists, it is expected that this acknowledgement will be in the form of co-authorship according to the guidelines for authorship recommended by the [International Committee of Medical Journal Editors](#).