



Investigator Profile Form

For provision of materials from the Penn Vector Core

Note: Some of the fields below are duplicated in a form that is part of our MTA (Exhibit A); the information is being requested from you now in order to set up your laboratory in our database ahead of the MTA so that we may provide a quote, arrange shipment, or if the MTA was returned but more complete information is needed.

Principal Investigator: _____

Institution: _____ **Department** _____

PI Address:

PI Shipping Address (If different):

PI

Email: _____

PI Phone

#: _____

Recipient Scientist's Shipping Account Number
(Please specify carrier- FedEx, UPS, etc):

Billing Contact Name: _____

Billing Address:

Billing Email: _____

Billing Phone #: _____

Name of Scientist Requesting Materials

(If not the PI): _____

Requesting Scientist's Address:

Requestor Email: _____

Requestor Phone #: _____

Research Area/ Disease Application/Target tissue (e.g. heart, liver, lung, blood, muscle, eye, CNS, other):

(This information is useful to the Penn Vector Core to determine whether center grant support might apply)

Return this form to the Penn Vector Core:

vector@mail.med.upenn.edu