OEFC#: Initiator: (Omics and Exposure Facility Core Use Only)

## OMICS & EXPOSURE FACILITY CORE CENTER FOR INTEGRATIVE ENVIRONMENTAL HEALTH SCIENCES

## **CIEHS MEMBER MAKING REQUEST:**

**DATE OF REQUEST:** 

**PROJECT TITLE:** 

**Deadline for submission:** 

Does this Project involve collaboration with other CIEHS members?	Yes	No
Does this Project involve collaboration with Community members?	Yes	No

## Please check the following:

UofL Shared Resource Facility Cores (SRFC):												
Genome	Prote				Metabolo	v				Exposure	Off	
Transcriptome			Metals								ssessment	Campus
•												•
								I				
*If off campu	*If off campus selected on the question above, select the type and provide the name of facility:					of facility:						
Acad	demic	Oth		Oth	her P30 Core			Commercial				
Name of lab:		Name of P3		° P30	:	Name		e of				
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		-								1		
			CIE	<b>EHS Rese</b>	arch	1 Interest	Gr	oup (R	<b>IG):</b>			
			MTT			PEHE		EHC				
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	Type of Collaboration:											
		• •		Dat	ta Analysi	Analysis Other						
	L										1	
					Stı	udy Type	:					
Pre-Clinic	al:	Pre-Clinical:		l:		Clinical:			0	ther		
In vitro Cell C	ulture	<i>In vivo</i> Animal		nal	Hun	Human Samples/ Subje		ects				
Number of samples to be analyzed:												
0-10		10-50				51-100			>100			
Does this research require an IRB or IACUC?												
	IRB			cyunt a				· ACI	IC			

Does this research require an IND of IACUC.					
IRB	IACUC				
Study #	Study #				

Approval:

Print/Type

Signature

(Project must be approved by the appropriate Program Head)

\*Questions? Please contact <u>oefc@louisville.edu</u>

BRIEF STATEMENT OF PROJECT (OR ATTACH ELECTRONIC FILE):