

Experiment Description Form

General Information: *Please print clearly and fill out all areas*

CFG PRINCIPAL INVESTIGATOR NAME (<i>Last, first, middle</i>)	Contact Person (if different from PI) NAME (<i>Last, first, middle</i>)
Institution Name	Institution Name
TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: FAX: E-mail:	TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: FAX: E-mail:

Sample Information: *Please fill out all that apply*

SPECIES: <input type="checkbox"/> Human	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	ADDITIONAL INFORMATION:	
SPECIES <input type="checkbox"/> Mouse	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	STRAIN:	PHENOTYPE:

Name/Number	Description ("key" to sample labels)	Tissue/Cell Line
<i>Example: E-1 E-2</i>	<i>Activated (CD3/IL2) Activated (CD3/IL2/IL4)</i>	<i>B lymphocyte B lymphocyte</i>

Brief Experiment Description/Abstract: