



## College of Nursing

### Biophysical Laboratory Inquiry

Directions: Please complete the following application to arrange for use of the Biophysical Laboratory in the College of Nursing. E-mail the completed **inquiry** to Dr. Debra Schutte [debra.schutte@wayne.edu](mailto:debra.schutte@wayne.edu).

|   |                            |          |             |         |
|---|----------------------------|----------|-------------|---------|
| <b>Principal Investigator Information</b> | Application Date:          | PI Name: | Phone:      | E-mail: |
|   | Institution or University: | College: | Department: |         |

|                            |                               |                  |
|----------------------------|-------------------------------|------------------|
| <b>Project Information</b> | Project Title:                | Sponsor:         |
|                            | Institutional Review Board #: | Expiration Date: |

|                               |                               |  |             |           |
|-------------------------------|-------------------------------|--|-------------|-----------|
| <b>Lab Services Requested</b> | Biochemical Lab               | Services requested:                          | Start Date: | End Date: |
|                               |                               | Type & Number of samples to be collected:    |             |           |
|                               | Physical Monitoring Resources | Services or equipment requested:             | Start Date: | End Date: |
|                               | Data Collection Room          | Purpose:                                     | Start Date: | End Date: |
|                               |                               | Anticipated number of research participants: |             |           |
|                               |                               | Types of data to be collected:               |             |           |

|   |  |
|---|--|
| <b>Lab services will be charged to your research account.</b> | If CON faculty, your signature on this application gives permission for the Biophysical Laboratory to obtain your research account number from the College of Nursing. |
|   | If outside the College of Nursing, please provide your research account number:  |

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|