



# External Account Registration Form

## Cincinnati Children's Hospital ***CORES Billing***

Please fill out this form with as much information as possible and click submit to e-mail

PRINCIPAL INVESTIGATOR INFORMATION		
First Name :	Last Name:	U.Cincinnati M number (Req. for UC Members)
Email Address:		Phone:
LAB MANAGER INFORMATION (IF NOT ADDING LAB MANAGER TYPE N/A)		
Lab managers can act on behalf of the Principal Investigator inside Cores		
First Name:	Last Name:	University of Cincinnati M number (All others type N/A)
Email Address:		Phone:
LAB MEMBER #1		
First Name:	Last Name:	University of Cincinnati M number (All others type N/A)
Email Address:		Phone:
LAB MEMBER #2		
First Name:	Last Name:	University of Cincinnati M number (All others type N/A)
Email Address:		Phone:
LAB MEMBER #3		
First Name:	Last Name:	University of Cincinnati M number (All others type N/A)
Email Address:		Phone:
LAB MEMBER #4		
First Name:	Last Name:	University of Cincinnati M number (All others type N/A)
Email Address:		Phone:
BILLING INFORMATION (Required)		
Company:		Attention to:
Email:		
Billing Address:		Phone no.:
I would prefer to use the following type of payment:		
<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order (PO) <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (describe) _____		
 		

**Please Indicate Which Shared Facility Your Group Plans to Use**

Animal Behavior Core	Biobank	Biostatistical Consulting Unit	Cardiovascular Imaging Core Research Lab
Clinical and Tranlational Research	Clinical and Biomedical Mass Spectrometry	Comprehensive Mouse / Cancer Core	Confocal Imaging Core
Data Management Center	DNA Sequencing and Genotyping Facility	Heart Insitute Research Core	Imaging Research Core
Gene Expresion Core	MEG Research Facility	Mouse Cytogenetics Core	NMR-based Metabolomics Core
Pathology Research Core	Pluripotent Stem Cell Facility	Pyrosequencing Core	Research Flow Cytometry Core
Research IT Services	Stem Cell Characterization Core	Transgenic Animal and Genome Editing Facility	Cell Manipulation Lab
Cell Processing Lab	Vector Production Facility	Viral Vector Core	Veterinary Services
Translational Trials and Development Lab			

Other Core Facilities:

I hereby agree to and shall pay Cincinnati Children's Hospital Medical Center, upon submission of proper invoices, the prices stipulated by the Office of Research on behalf of the Shared Resource Facilities for work delivered or rendered and accepted. Unless otherwise specified. Full **payment shall be made within 30 days of invoice date**. If I need to dispute a charge I will contact [help-cores@bmi.cchmc.org](mailto:help-cores@bmi.cchmc.org) for assistance. Payment will be remitted to **Children's Hospital Medical Center, Accounting Department MLC 4900, 3333 Burnet Avenue, Cincinnati, OH 45229-3039** or by calling **(513)803-6828 or 1-888-700-9025**.