

Primary Investigator (P.I.)

Full name: _____
Last name First name MI

Concordia Netname: _____ Email address: _____

Phone: _____ Internal address: _____

Account code(s): _____ (ie. Grant or Organization codes you will charge activities to.)

- Accounts needed: (Check all that apply)
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Facility Booking | <input checked="" type="checkbox"/> Personal File Storage | <input type="checkbox"/> Group Share |
| <input type="checkbox"/> Wellness Trainer | <input type="checkbox"/> Cardio Memory | <input type="checkbox"/> Cardio Pulmonary Suite |
| <input type="checkbox"/> Imaging Suite | <input type="checkbox"/> UPLC | <input type="checkbox"/> Mass Spectrometer |
| <input type="checkbox"/> Perturbation Table | <input type="checkbox"/> NeuroCom | <input type="checkbox"/> HUMAC |
| <input type="checkbox"/> EEG / Brain Analyser | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Research Assistant I (if applicable)

Full name: _____
Last name First name MI

Concordia Netname: _____ Email address: _____

Phone: _____ Internal address: _____

- Accounts needed: (Check all that apply)
- | | | |
|---|--|---|
| <input type="checkbox"/> Facility Booking | <input type="checkbox"/> Personal File Storage | <input type="checkbox"/> Group Share |
| <input type="checkbox"/> Wellness Trainer | <input type="checkbox"/> Cardio Memory | <input type="checkbox"/> Cardio Pulmonary Suite |
| <input type="checkbox"/> Imaging Suite | <input type="checkbox"/> UPLC | <input type="checkbox"/> Mass Spectrometer |
| <input type="checkbox"/> Perturbation Table | <input type="checkbox"/> NeuroCom | <input type="checkbox"/> HUMAC |
| <input type="checkbox"/> EEG / Brain Analyser | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Date

Internal use

Research Assistant 2

Full name:

_____ *Last name* _____ *First name* _____ *MI*

Concordia Netname:

Email address:

Phone:

Internal address:

Accounts needed:

(Check all that apply, or write in 'Other' systems in the provided space)

Facility Booking

Personal File Storage

Group Share

Wellness Trainer

Cardio Memory

Cardio Pulmonary Suite

Imaging Suite

UPLC

Mass Spectrometer

Perturbation Table

NeuroCom

HUMAC

EEG / Brain Analyser

Research Assistant 3

Full name:

_____ *Last name* _____ *First name* _____ *MI*

Concordia Netname:

Email address:

Phone:

Internal address:

Accounts needed:

(Check all that apply)

Facility Booking

Personal File Storage

Group Share

Wellness Trainer

Cardio Memory

Cardio Pulmonary Suite

Imaging Suite

UPLC

Mass Spectrometer

Perturbation Table

NeuroCom

HUMAC

EEG / Brain Analyser

Research Assistant 4

Full name:

_____ *Last name* _____ *First name* _____ *MI*

Concordia Netname:

Email address:

Phone:

Internal address:

Accounts needed:

(Check all that apply)

Facility Booking

Personal File Storage

Group Share

Wellness Trainer

Cardio Memory

Cardio Pulmonary Suite

Imaging Suite

UPLC

Mass Spectrometer

Perturbation Table

NeuroCom

HUMAC

EEG / Brain Analyser
