



Date:

Principal Investigator Information

Principal Investigator Name: _____

Email: _____

Phone Number: _____

Faculty (eg. Faculty of Medicine): _____

Department name (e.g. Dept of Clinical Sciences, Lund): _____

Division name (e.g. Division of Clinical Oncology and Pathology): _____

Name of University (if other than Lund University): _____

Name of Company (if Corporate): _____

Is the PI supported by ALF funding (YES/NO) _____

"Kostnadsställe" (Billing information, Lund University users): _____

"Lucat-ID" (Billing information, Lund University users): _____

"Ansvar" (Billing information, Region Skåne users): _____

"RSid" (Billing information, Region Skåne users): _____

Billing address (Region Skåne users, e.g. Region Skåne, Medicinsk Service, 20501

Malmö): _____

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Reference person (Billing information, other Universities or Corporate): _____

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Organisation no. (Billing information, other Universities or Corporate): _____

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Billing address (Other Universities or Corporate): _____