Resources Application

Marquette P.I. Name Project Title:	Department	
Project Description and Estim	ated # of Subjects:	
Project Timeline (Start/End, Ir	nportant Timepoints):	

Please complete the following tables to provide an outline of the AHPRC rooms and equipment that you are interested in using for your project. A quote for services used will be provided based on this application so please be as detailed as possible.

<u>Rooms</u>					
AHPRC Room (e.g. 125A Assessment Lab)	Time Per Session (Min)	Frequency (Days/Wk)	Duration (i.e. weeks, months, years)		

AHPRC Equipment (e.g. Biodex)	Time Per Session (Min)	Frequency (Days/Wk)	Duration (i.e. weeks, months, years)
	AHPRC amenities yo nette, sample storage	u plan on using durin refrigerator, etc):	g your project (e.g.
Please note any add research space for y		oncerns about using t	he AHPRC

Research Equipment

Resources Application

Marquette P.I. Signature	Date
YES NO	
Will you need a formal letter of support for the AHP this project?	RC to serve as a study site for

Thank you for your interest in the world-class facilities and resources at the Athletic and Human Performance Research Center.

Please send the completed resources application to Dr. Mike Haischer (Research Lab Manager; michael.haischer@marquette.edu). Your application will be reviewed and the AHPRC team will get back in touch within two weeks. If you need a letter of support, please allow at least 4-6 weeks to discuss and formalize support details.