



The Anlyan Center for Medical Research & Education  
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**APPLICATION FOR LIVER CENTER MEMBERSHIP**

NAME:

POSITION:

DEPARTMENT:

PHONE NO:

FAX NO:

EMAIL:

FUNDING INFORMATION (NIH/VA/Foundation/Other):

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WHICH CORE FACILITIES WOULD YOU CONSIDER USING (check all that apply)?

**Administrative Core**

**Cellular and Molecular Physiology Core**

**Morphology Core**

**Clinical Translational Core**