



# Diamandis Laboratory Website

## Personnel Information Submission Form

Full Name: \_\_\_\_\_  
Surname First Name Initials

Email Address: \_\_\_\_\_

Degrees Obtained: \_\_\_\_\_

Position:  Master's Student  PhD Student  Post-Doctoral Fellow  
 Laboratory Technician  Volunteer  Collaborator  
 Other (specify): \_\_\_\_\_

Email your *Curriculum Vitae* to the laboratory webmaster

Give or send to Linda Grass a sharp colour photograph, to be scanned and posted on the web site.  
(Room 600, Mount Sinai Hospital, 600 University Avenue, Toronto, Ontario, Canada M5G 1X5)  
The photograph will be returned to you.

Collaborators please also provide the following additional information:

Institution: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_