



UVA CENTER FOR RESEARCH IN REPRODUCTION

LIGAND ASSAY & ANALYSIS CORE LABORATORY

Phone: (434) 982-3675

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Request Form – "B USER - Reproductive Science Branch Supported Centers"

Responsible PI (please print) _____

Responsible PI Signature _____

Responsible PI E-Mail Address _____

Institution / Center Name _____

NIH Grant Number _____ (no work will be started without this number)

FAX Number (for faxing results) _____

Contact Phone Number _____

Investigator Requesting Service (if different from above) _____

Requesting Investigator E-Mail Address _____

METHOD OF PAYMENT:

Please check one

_____ Direct Bill (check or credit card)

_____ PO# (please provide PO# at time of sample submission) _____

Date Samples Shipped _____

Requested Test _____ (one test per request form)

Number of Samples _____

Source of Samples: _____ Mouse
(please check one) _____ Rat
_____ Human
_____ *Tissue Homogenate _____
_____ Cell Culture Media _____

Run samples as:

singlet []

duplicate []

other []

dilution(s) requested []

what dilution? _____

*If investigator expects assay values to be high, it is recommended that they request preliminary dilutions performed on at least a few samples.

If sample volume does not allow sample(s) to be run undiluted, do you want the sample(s) run at a dilution? YES__ NO__

SPECIAL INSTRUCTIONS:

FOR CENTER USE ONLY

Date samples received _____ Tech initials _____

Date testing completed _____ Date results sent _____

FDF Included with shipment of samples/FDF on file _____

No FDF with shipment of samples or on file/FDF requested on _____

Bill For _____

Billing Reference Number _____