Date of Request: **Requestor:** **GCRC Protocol #:**

Requestor Phone # and Email: **PTAEO# :**

Principal Investigator Phone # and Email:

Please transfer by Email or FAX ***

Please list tests in order of priority. **Request date for Results:**

Subject Name/ID	History #	Visit #	Analyte	Sample Date	Time(s) of Draw	# of Samples	*Core Lab Use Only* Assay Date	File ID	Transfer Date	Tech.

*****ONCE RESULTS ARE RECEIVED: INVESTIGATOR MUST PICK UP SAMPLES WITH IN 4 WEEKS. QUESTIONS 4-9695.**